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ABSTRACT

This guide is designed to assist those helping professionals who work with adults in the area of alcohol education. Although originally developed for use with junior and senior high school students, the materials presented contain pertinent information about alcohol use, deal with significant issues related to alcohol abuse, and provide examples of behavior associated with drinking. Although the films which accompany this guide are not included, synopses of the films are provided together with sufficient information to make this guide a useful educational tool by itself. The content of the guide is organized in the following manner: (1) learning activities with foci on previews, highlights, and follow-up procedures; (2) information about alcohol and alcohol education; and (3) resources for obtaining further information about alcohol and alcohol education. (Author/HLM)

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ADULT GROUP LEADER GUIDE

for use with

DIAL A-L-C-O-H-O-L

and

JACKSON JUNIOR HIGH

two film series

on

ALCOHOL EDUCATION

by
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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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This chart indicates which alcohol topics and issues are treated in the films.

Alcohol Topic or Issue	JACKSON JUNIOR HIGH					DIAL A·L·C·O·H·O·L			
	Route One	The Party's Over	Barbara Murray	Like Father, Like Son?		Hotline	In the Beginning	Al's Garage	The Legend of Paulie Green
Abstinence			●				●		●
Alcohol's Passage through the Body	●					●			
Alcoholism/Problem Drinking		●		●		●		●	●
Attitude Formation		●	●	●			●		
Behavioral and Physical Effects	●					●			
Children with an Alcoholic Parent				●					●
Drinking and Driving								●	
Drinking Customs/History			●				●		
Drunkenness		●		●				●	●
Family Drinking Problems			●	●			●		●
Helping Problem Drinkers/Alcoholics		●		●		●		●	●
Legal Drinking Age		●							
Misconceptions about Alcohol	●					●			
Parents' Role vis-a-vis Children's Drinking	●	●	●			●			
Peer Pressure		●	●				●	●	
Pleasures of Drinking	●		●				●		
Problem Drinking/Alcoholism		●		●		●		●	●
Religious Issues	●						●		
Reasons Social Drinkers Drink	●		●			●	●		
Responsibility for Other People with Drinking Problems	●		●	●				●	
Risk Taking		●						●	
Teaching Methods	●	●	●						
Teenage Drinking	●	●						●	
Women and Alcohol			●				●		●

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Acknowledgments

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I. INTRODUCTION

Purposes of the Adult Group Leader Guide

This Guide is designed to enable you to use the four DIAL A-L-C-O-H-O-L and four JACKSON JUNIOR HIGH films with maximum effect. While groups will learn a great deal just by viewing them, it is essential to involve viewers in preparatory and follow-up activities using the issues and facts presented in the films. When people are not adequately prepared for viewing films, they often miss or misinterpret many of the points the materials are attempting to stress.

The films were originally developed for use by junior and senior high school students. However, depending on the groups to whom you plan to show the films and the purposes for which you intend to use them, every film can be an enriching and stimulating experience for adult audiences, too.

There are three reasons why you will be able to use the films successfully with adult groups despite their focus on adolescent and teenage drinking issues:

1. *Adults need to know basically the same facts about alcohol which youngsters should learn. Studies have shown that most adults and teenagers share the same misinformation about alcohol and drinking. (See page 38 for examples of such misinformation.) Therefore, the information these films provide about alcohol is as appropriate to adult groups as it is to younger audiences.*
2. *Most of the significant issues related to alcohol use, non-use and abuse are as important to adults as to youngsters, including such concerns as whether, when and how much to drink, what one's responsibility is for other people's drinking behavior, how to cope with drinking and driving predicaments, and how to help friends and relatives who have drinking problems. Just as youngsters need to think about what role parents play and should play in their decisions about drinking, so adults need to consider what their function should be in raising children who do not abuse alcohol. Just as teenagers must cope with peer pressure to drink immoderately, so many adults are the troubled recipients of occasional or frequent urgings from friends to drink or drink more than they would like. Given the clear applicability of most drinking issues to adults and youngsters alike, the problem situations these films portray and the drinking issues they raise can be profitably discussed by adults as well as by youngsters.*
3. *Given the recent increase in teen-age alcohol use and abuse, many adults – and not only parents – have become concerned about drinking by youngsters and how to respond to it. These films, by portraying adolescent drinking scenes and raising issues related to such behavior, will help adults to comprehend and cope constructively with youthful drinking behavior.*

Several presentations of the films to a variety of audiences have also demonstrated that most adults are not bothered by the dialogue or conceptual level of the films but rather find the presentations a rewarding educational experience in themselves and, *guided by a sensitive group leader,* find them a useful starting point for further discussions related to alcohol use, non-use, and abuse. However, the *extent* to which your viewers are able to benefit from the films will depend largely on the skill with which you introduce them and follow them up with additional exercises – such as the activities suggested in this Guide.

The Adult Group Leader Guide will facilitate your use of the films with adult groups by enabling you to:

- decide which films meet the needs of your program and audience; and
- implement appropriate preview, highlight and follow-up activities to use along with the films.

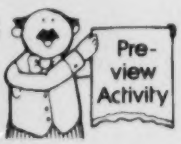
The learning activities provided in the Adult Group Leader Guide make it easy to use the films effectively with adults. However, they have not been written with any particular adult audience in mind. Rather, they have been selected for use with a variety of adult groups, including parents, teachers, industry employees, union members, conference attendees, adult education course enrollees, armed forces personnel, members of civic, fraternal, sororal and service organizations, and church and temple groups. As a result of this built-in flexibility, there may be instances when you may want to adapt an activity to suit the particular needs of your viewing audience.

Organization of the Adult Leader Guide

The Guide provides the following materials to help you use the films effectively:

- **Learning activities** (Chapter II, pages 7-34) which:

  1. *preview* important points the films make;



  2. *highlight* easily missed points;

  3. *reinforce* and *expand* on points which the films make.

- **Information** (Chapter III, pages 35-46) about alcohol and alcohol education.
- **Resources** (Chapter IV, pages 47-48) for obtaining information about alcohol and alcohol education.

The Goals of Alcohol Education*

More adults are directly or indirectly affected by alcohol-related problems than by any other single health problem. Alcohol is the nation's number one drug problem, a though more publicity has been given to the abuse of narcotics, barbiturates, amphetamines, and hallucinogens. It is estimated that there are ten million problem drinkers in the United States and that the typical problem drinker seriously affects on the average the lives of four other people. As many as 15,000 traffic fatalities each year may involve problem drinkers, the equivalent of 40 deaths every day.** Alcohol is a problem for many of the nation's 80 million social drinkers as well. For example, over 7,000 people are killed on the highways every year by moderate drinkers who, though legally sober, were driving with dulled reflexes. Moreover, many social drinkers are troubled by feeling compelled to drink when they would rather not. Even abstainers may face alcohol problems in the form of social ridicule.

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* For a discussion on how to teach effectively about alcohol, see pages 35-36.

** When social drinkers involved in automobile fatalities are included, the daily toll of alcohol-related automobile deaths approaches 60.

The goal of both film series, and the task of alcohol education in general, is to *facilitate the moderate use or non-use of alcohol* by the public so that people are able to function untroubled as drinkers or abstainers and so they may be able to provide assistance to relatives and friends who are problem drinkers, or at least remain unhurt by other people's abuse of alcohol.

What constitutes drinking too much? Experts generally agree that drinking is excessive if it:

1. creates a problem for the drinker or others, including occasional or continuous problems related to health, safety, employment, and interpersonal relations.
2. occurs in order to avoid a social, personal, or emotional problem for which better solutions are available.
3. is likely to lead to alcoholism.

For example, an abusive drinker would be someone who:

- gets drunk or is impaired by alcohol and drives a car.
- goes to work intoxicated.
- drinks regularly to avoid depression.
- impairs his or her health or contributes to an existing health problem by drinking.

In order to achieve the goal of moderate drinking or abstention, the following principles have guided the development of the films and Adult Group Leader Guide:

- The ultimate goal of alcohol education and of the films is not to impart information about alcohol but to promote constructive *attitudes and behaviors.* Therefore, while the materials do present considerable factual data about alcohol, their major stress is on encouraging people to learn to make and then act on *their own wise decisions* related to drinking and abstaining.
- Most learning that occurs in life is the result of reinforcement, not "one-shot" experiences. The films and Adult Group Leader Guide have been carefully designed to provide learners with repeated exposure to information and ideas about drinking and abstention. For example, we tend to generalize that drinking does x, y, or z to people. We need to be reminded more than once that such statements are usually misleading and that what alcohol does to and for people depends on how much they drink, how quickly, and what they want alcohol to do for them.
- Most Americans use alcohol. Therefore, while the films and Guide fully and repeatedly recognize the existence and integrity of abstinence as an approach to alcohol, they focus primarily on the majority in our society who drink.

II. ACTIVITIES

This chapter provides a selection of suggested activities by which you can preview, highlight, and reinforce the issues and information presented in each film. There is a different set of activities for each of the eight films.

The activities are organized into two sections: activities designed to accompany the film series DIAL A-L-C-O-H-O-L are provided first; activities for use with the film series JACKSON JUNIOR HIGH follow. The activities for each film are preceded by a brief synopsis of the film and a list of goals the film is designed to achieve.

Before selecting films and activities to use, you will need to decide whether to:

1. show all eight films (the two entire series);
2. show all four films from only one series; or
3. show some of the films from one or both series.

How many films you use will depend not only on the amount of time you have available in which to show and discuss them but also on whether you have very specific alcohol education goals for your particular group for which only certain films may be appropriate. For example, if you have several hours of time available with your group and your goal is to provide an overview of the nature of alcohol use and abuse, it would be appropriate to show all eight films. If you have only three hours at your disposal and want to focus, for instance, on the nature of problem drinking and alcoholism, you would want to present the two films, LIKE FATHER, LIKE SON? and THE LEGEND OF PAULIE GREEN, which treat these topics.

In selecting which films and activities to use, keep the following points in mind:

- Each film in the DIAL A-L-C-O-H-O-L series runs for 30 minutes; each JACKSON JUNIOR HIGH film is 15 minutes long. Most of the suggested preview, highlight, and follow-up activities take 15 to 45 minutes each. The ideal method for using the films is to devote *ample* time *before* each one to conduct one or more preview activities and *enough time after* each film to implement one or more of the highlight and follow-up activities.* This means allocating at a minimum 1½ hours (including film time) for each film in the DIAL A-L-C-O-H-O-L series and 1¼ hours for each film in the JACKSON JUNIOR HIGH series.
- If you choose to show all eight films, there are two sequences in which you can consider presenting them:

  1. Since each series of films has its own continuous story line, you can show one entire series and then the second one. If you wish to preserve the story line in each series of films, present them in the following order:

DIAL A-L-C-O-H-O-L film series:	JACKSON JUNIOR HIGH film series:
HOTLINE	ROUTE ONE
IN THE BEGINNING	THE PARTY'S OVER
AL'S GARAGE	BARBARA MURRAY
THE LEGEND OF PAULIE GREEN	LIKE FATHER, LIKE SON?

  2. Since each series contains a film which in some respects parallels the content of a film in the other series, you can pair the related films from each series and either show them together or use the matching film from the second series as a "supple-

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* It would be a good idea to ask your group after showing each film how *it* would like to study the issues raised. As you use some of the suggested activities which follow, you can keep a folder of the ones you will *not* be conducting and encourage group members to pursue them individually or in small groups on their own time.

ment" to the first film you show.* HOTLINE and ROUTE ONE both present a great deal of factual information about alcohol; IN THE BEGINNING and BARBARA MURRAY both discuss reasons some people do not drink alcoholic beverages and depict pressures on such abstainers to drink; AL'S GARAGE and THE PARTY'S OVER present situations in which peer pressures related to drinking are portrayed; and THE LEGEND OF PAULIE GREEN and LIKE FATHER, LIKE SON? both focus on problem drinkers. In each of these sets of related films, one film serves to *complement* the other by presenting some information not included in the second film and focusing from a different perspective on the similar issues addressed by both films.

- If you decide to select from both film series only those films which will help achieve specific alcohol education goals, the best way to identify which ones meet your particular needs is to preview all the films. However, if this is not possible, you can also identify films to use by reading the capsule descriptions of each one which are provided throughout the following pages. In addition, the matrix on the inside front cover indicates which alcohol issues each film treats.
- If you do not use all the films in a series, nothing will seem out of context in the films despite the strong story lines, except in the case of THE LEGEND OF PAULIE GREEN which completes the HOTLINE plot and should therefore be shown after HOTLINE.
- Consider showing one or more of the films a second time after your group has engaged in some of the suggested follow-up activities.

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* Because of the similarity between these related pairs of films, some of the preview and follow-up activities provided for each film series can be used effectively with the related films in the other film series.

FILM # 1: HOTLINE

Synopsis

The Hotline kids, Amy, Cliff, Wendy, Sonya, Mike, and friends come in after school every day and on weekends to answer the phone. They are making a valiant effort to keep the establishment going – but it's not easy. They have been receiving calls from irate neighbors who want to see it shut down. One man with an obvious drinking problem keeps calling them. He, too, threatens to stop them. To make matters worse, the city licensing inspector is concerned about their frequent lack of adult supervision.

Their advisor, Paulie Green, a college senior, is absent more often than not. He is a well-meaning guy who is struggling to finish school. The infrequent time he is around the Hotline, he acts erratically.

Finally, after numerous warnings, the licensing inspector gives the kids one week to vacate the Hotline premises – Paulie is needed now more than ever. The kids finally decide to call in Ken Hendricks, a young medical researcher who has befriended the kids, to see if he'll help them, and he agrees. Later the Hotline kids go looking for Paulie and find him in a phone booth talking to Mike – for Paulie is the mysterious caller.

Goals

In order to make responsible decisions about drinking, participants demonstrate:

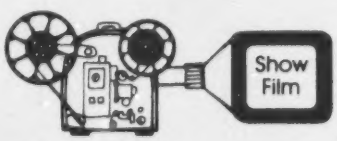
1. awareness that there is a body of factual information they should use in making decisions about drinking and not drinking.
2. knowledge of alcohol's physical and behavioral effects.
3. understanding of the difficulty some people have admitting that they have a drinking problem and seeking help for it.
4. understanding of the reasons people help or fail to help others who have problems and the types of assistance that can be provided.

1.

ALCOHOL INFORMATION

Read the following questions to your group and have them record their answers anonymously on note paper. Collect the paper and tabulate the answers on the blackboard. Tell the group the film HOTLINE will answer most of these questions.* When the film has been viewed, discuss the questions in light of both the correct answers and the amount of misinformation the participants – and society at large – may have about alcohol.

1. Alcohol is a drug. (True)
2. Anti-freeze and rubbing alcohol have methyl alcohol in them which can blind or kill you if you drink them. (True)
3. Beer and whiskey have ethyl alcohol in them. (True)
4. Most of the alcohol people drink enters the bloodstream through the stomach. (False)
5. The caffeine in a couple cups of strong coffee will help sober a person up. (False)
6. Alcohol medically is a stimulant (an "upper"). (False)
7. A 12-ounce can of beer has more calories than a shot of whiskey. (False)
8. A mixed drink made with one shot of hard liquor has more alcohol in it than a 12-ounce can of beer. (False)
9. If a bottle of whiskey says 86 proof on the label, that means it is 43% alcohol. (True)



2.

DRINKING PROBLEMS

Break your audience into small groups and have them brainstorm the characteristics of someone who drinks too much and his or her behavior. When the lists have been completed, each group develops a profile of one type of problem drinker. Each group then either writes the dialogue to or role plays the interaction between an alcohol hotline volunteer and "his" or "her" problem drinker (or a friend or relative of the problem drinker) who calls in.

Instruct your audience in viewing HOTLINE to compare the problem drinkers and their friends depicted in the film and the help given them by the teenage volunteers at the Hotline Center with the groups' descriptions and role plays. After the film, review these comparisons and discuss what types of advice or information – if any– might be of help to social drinkers, problem drinkers, and alcoholics. Be careful to correct any stereotyping of problem drinkers as Skid Row derelicts. If possible invite a volunteer from a local hotline to talk with your audience.

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* The film mistakenly explains hangovers as being the result of "excess alcohol in the bloodstream." Be sure to correct this misconception by noting that hangovers occur after alcohol has left the body and that no one knows for certain what causes them.

3.

HOTLINE VOLUNTEER JOB DESCRIPTION

After viewing the film, participants individually write a job description for hotline volunteers and an advisor. The description should include:

1. necessary job qualifications: education, personality, skills, age, background, and drinking behavior, and attitudes toward drinking, abstention, and alcoholism.
2. job duties.
3. compensation or "benefits" (if any).

Several participants read their job descriptions for hotline volunteers and advisors aloud and elaborate on what they would look for in a person if they were hiring to fill these jobs. The group comments on the descriptions and then develops one of its own, incorporating the most appropriate ideas from the individual efforts.

Using the job descriptions as a model, the group evaluates the volunteers and advisors in the film, pointing out examples of competent and poor responses to callers by the volunteers and helpful and harmful supervisory actions on the part of the two advisors (Paulie and Ken). Then ask the participants how they would rate themselves for these jobs.

Conclude the activity by discussing some or all of the following questions:

- Why do people volunteer to help others – not just at a hotline, but in general?
  - Why did Ken decide to help the Hotline?
  - What do you think are some of the reasons the kids volunteered to work at the Hotline?
- Does it matter why people help others as long as they fill a need and do a good job? Why or why not?
- Does it matter whether people who help others with drinking problems are abstainers, social drinkers, problem drinkers, or recovered alcoholics? Does it matter what their attitudes toward drinking are? Does it make any difference what the drinking behavior and attitudes of *teachers* of alcohol education are? Why or why not?
- What *are* people's motives when they help friends and relatives? How do they feel about providing such help? What kinds of help should they be expected to provide and what kinds, if any, should not be expected of them? How can people learn what kinds of help are most needed and which kinds "backfire" or are ineffective?
- What is a person's ethical or moral responsibility to help other people who have drinking problems? Does it depend on who the other person is (friend, relative, spouse, etc.)?
- Should a teenage hotline volunteer – or counselor – have different characteristics or qualifications from those of an adult volunteer? Why? Are there advantages or drawbacks of a mixed age group serving as volunteers at a hotline, mental health clinic, or teenage drop-in center? If so, what are they?

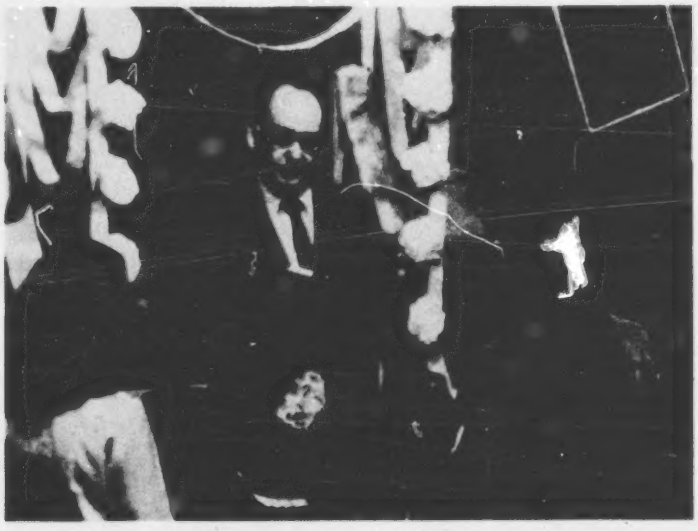
FILM # 2: IN THE BEGINNING

Synopsis

Pete and Liza are engaged to be married. However, a problem arises because Pete's family drinks and Liza's does not. Pete's father insists on having alcohol available at the church reception. Liza's family refuses to allow alcohol. Liza and Pete are caught in the middle. For a time it seems there will be no wedding.

Interwoven with this plot is the story of Tina who wants to go to medical school. Tina's mother is persistently working toward educating Tina to be worldly by teaching her how to drink. Tina is caught in the middle between her loyalties to her mother and her own goals for herself.

Pete and Liza resolve their difficulties by writing their own ceremony and having the wedding performed by their minister at the Hotline.



Goals

In order to make responsible decisions about drinking, participants demonstrate:

1. knowledge and understanding of why people drink and don't drink.
2. awareness of the many outside forces which influence people's drinking behavior, including parents, peers, religious beliefs, and occupational obligations.

1.

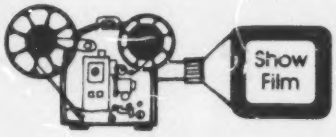
PRESSURE POINTS

Ask the group to identify general kinds of pressure which can influence how people make up their minds to act. See if the group includes examples from each of the following four general kinds of pressure:

- personal (ethical, religious, self-interest, etc.)
- peer (both positive and negative)
- parental (as role models, advisers, respected, loved, or disliked individuals, etc.)
- societal (for example, advertising).

Then ask the group which of these sources of pressure are likely to be most influential when it comes to drinking, not drinking, and drinking abusively. What kinds of pressure *should* influence how people behave – in particular, whether they drink, how much, and when?

Instruct participants to look for examples in IN THE BEGINNING of pressures which influence the decisions of people in the film and to compare these pressures with those they identified.



2.

REASONS PEOPLE BECOME DRINKERS OR ABSTAINERS

IN THE BEGINNING focuses on why people drink and abstain. Points in the film relating to drinking and not drinking which you can highlight include the following:

- Pete's family would prefer that alcohol be served at the wedding celebration but Liza's parents will not allow it. What are the reasons for their decisions? Is either faction able to tolerate the other's beliefs? Why or why not?
- What considerations should go into a person's decision about whether to drink ever or on a particular occasion? Which considerations should be most influential? Why?
- Pete and Liza support the respective wishes of their parents. Does this mean children tend to take up their parents' drinking behaviors too? Does it mean kids also emulate other parental behaviors such as smoking, becoming a plumber, swearing, or listening to Beethoven? Do Pete and Liza know why they support their parents on the drinking issue? Do most people know why they do or don't drink? Should they? Why?
- Should parents be influenced by the feelings or opinions of their children? Why?
- Pete and Liza decide to hold their wedding at the Hotline center. Do you think this was a good compromise or a "cop-out"? Did the decision to hold the wedding at the Hotline point out anything to the two families about coping with different value systems to bring about an understanding between them?
- Tina's mother is trying to "teach" her how to drink. Does her method seem to be an effective way to influence children's drinking behavior? Why is Tina so "turned off" by her mother's lifestyle? Does Tina know why she feels this way or is she merely reacting unthinkingly to her mother? Support your statement.
- Does Tina's mother's lifestyle require that she drink? Why?

2.

PARENTAL ATTITUDES TOWARD CHILDREN'S DRINKING

Participants role play parents who find their son or daughter drinking. Sample role profiles are provided at the end of the activity. Make sure that the players do not see their counterpart's role profile until the end of the role play. However, preface the role plays

with a "scene-setting" introduction which describes how the role players have encountered each other.*

After each role play, participants who took the parts can discuss how they felt about themselves and about the other role player during the role play. The participants then discuss what they would have done or said had they been in similar positions. You might also ask the group to respond to some of the following questions in light of the role plays:

- If you were (are) a parent, would you (do you) set rules for your children on drinking? If so, what rules?
- What do you think about this statement: "Children (anyone under the legal drinking age) are unable to handle alcohol unless an adult is present."
- Do you think people who don't drink just aren't interested, don't drink because their parents disapproved, believe it's unethical or immoral to drink, or have still other reasons for abstaining?
- If you were Peter or Liza's parents in IN THE BEGINNING, would you have handled the situation differently? If so, how?
- What motives do parents have when they seek to persuade their children to do or not to do something? For example, what were Pete's parents' motives for wanting to serve alcohol at the wedding? What were Tina's mother's motives for wanting Tina to drink? Were these valid reasons for trying to persuade their children to do something? Why or why not? What are valid motives for attempting to persuade children to do something?
- What information about alcohol, if any, should parents give their children? Was Guido acting as a constructive role model for Peter by extolling the alleged virtues of alcohol?

ROLE PLAY # 1

Parent

You have just spotted your 13-year old son (daughter) in the park drinking beer. When your neighbor called to say he had seen him (her) with some friends racing through the park carrying a six-pack of beer, you just couldn't believe it. You were also pretty embarrassed. Now you're just plain mad. You have been riding around in the car for well over an hour looking for him (her) and getting more upset with each passing minute. You thought he (she) knew better than to do something foolish like this.

You stop the car and get out, and start to walk over to your son (daughter) and his (her) friends. What, if anything, do you say or do?

Son or Daughter

For a long time now, you and your friends have wanted to find out what it's like to "really" drink. Your parents sometimes serve wine with a meal if it's a special occasion, but that's not what you call drinking. Finally, today Jeff's older brother gave him a six-pack of beer – first you all had to promise not to tell anybody where you got it. You and your friends went to the park to drink it. The beer doesn't taste very good, but it sure is making you feel pretty good. Maybe there's something to this "booze" after all. Just as you turn to get another beer, you notice your father (mother) walking toward you. What, if anything, do you say or do?

ROLE PLAY # 2

Parent

You have just received a call from the police requesting you come to the station to pick up your son (daughter). You were told he (she) was found at a party that had gotten out of hand – there had obviously

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* Note: If you have difficulty initiating role plays or your group has not engaged in them before, you may want to: (1) take one of the role play parts yourself in the first role play; (2) duplicate and pass out the role profiles to the participants so they can have them in front of them to refer to; (3) use the ending of one of the films as a starting point for a role play; or (4) have the group engage in a written story completion exercise as "practice" (see activity #4 in AL'S GARAGE for an example).

been a lot of drinking taking place. You know your son (daughter) has been drinking at parties, but he (she) always told you everything was always under control. You better get down to the station and find out for yourself just what is going on. You finally get to the police station and see your son (daughter) standing with a bunch of other kids on the other side of the room. What do you say or do?

Son or Daughter

You can't believe the party got busted. Why couldn't you have gone out with Pat or Jimmy, as you usually do. Instead you had to go to some dumb party with a bunch of people you hardly know. Nothing like putting a little excitement in your life . . . . Now you're down at the police station, feeling scared and drunk. Your father (mother) is never going to believe this one. In fact, there he (she) is walking over to you. What do you say or do?

4.

THE ENJOYMENT OF DRINKING

Most people who drink enjoy alcohol. Pete's family finds drinking pleasurable. Ask the group some of the following questions about why people like to drink:

1. What, exactly, do moderate drinkers find enjoyable about drinking?
2. Are there different reasons why people drink? Are the reasons teenagers drink different from the reasons adults drink? If so, what are the differences?
3. Are there other things besides drinking that people could do to experience the same pleasures?
4. How many drinks – or how much alcohol – must people consume to experience the pleasures of drinking? Do different pleasures that drinkers experience from alcohol require different amounts of alcohol? If so, why?
5. How should parents explain to their children why they drink?

5.

LOCAL OPTION AND PROHIBITION

Participants role play a town council meeting on banning bars and taverns in their community. Appoint one member of the group as chairperson for the meeting and assign six other members the following roles:

- A police officer who is upset by the serious drunk driving problem in the town.
- A bar owner who will go out of business if the sale of alcohol is banned.
- A middle-aged parent who doesn't want a teenage son or daughter to drink.
- An office worker who enjoys having a couple of beers with friends after work at the local bar.
- A taxpayer who is upset about the type of people who come from other towns to drink in the bars.
- A college student who would have to drive to the next town to do his or her drinking – and then drive home.

Ask the rest of the group to watch how the role players' assigned drinking patterns may influence their opinions on the issue being discussed. At the conclusion of the role play, ask the "council" and the rest of the group to vote on whether or not bars should be prohibited. Compare the Prohibition experience with the experience of communities that exercise their "local option" to ban bars or package stores, or the sale of alcohol in their township or county.

Conclude by asking the group to identify occasions when people with different life-styles who normally do not come into contact suddenly have to interact. One example occurred in the film when the upcoming wedding revealed different drinking patterns which conflicted. How can such conflicts be resolved? Can they always be resolved? Why?

FILM # 3: AL'S GARAGE

Synopsis

Al Schmitz is a gregarious, nice guy in his late twenties. He's a kind of genius when it comes to fixing cars, and he loves to share his knowledge with some of the young car "freaks" in the neighborhood.

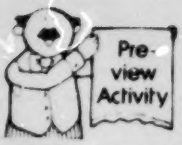
At Al's Garage we meet R.J. who is having a running battle with his parents about his car. They know that R.J. has been drinking while driving. A collision with some trash cans leads to R.J.'s being "grounded." Seeking a way to restore his folks' confidence in him, R.J. calls the Hotline. They tell him the details of a local program for problem drivers, the Alcohol Safety Action Program (ASAP), and he voluntarily signs up for it.

Meanwhile, Bill and Curtis, two "regulars" at the body shop, have brought their girlfriends, Barb and Candy, to a party. Things get out of hand as some of the kids are drinking heavily. Bill and Curtis are intoxicated. They insist on driving the girls home. Barb is afraid and calls the Hotline for advice. In the middle of the phone call, she gets a ride for herself and Candy with someone who has not been drinking, but Candy is reluctant to accept it. Unable to say "no" to her boyfriend, Candy leaves the party with Bill and Curtis. They are arrested on their way home for drunk driving.

Goals

In order to make responsible decisions about drinking, participants demonstrate:

1. knowledge of the effects of drinking on driving ability and traffic accidents.
2. motivation to drink moderately or abstain when one is planning to drive.
3. knowledge of the potential legal consequences of being arrested for driving while intoxicated (DWI) and of the chances of being caught.
4. knowledge of the nature of peer pressure to behave irresponsibly and of ways to cope with it.



1.

MISCONCEPTIONS ABOUT DRINKING AND DRIVING

Read the following questions to your group and have them record their answers anonymously on note paper. Collect the paper and tabulate the answers on the blackboard. Tell the group the film AL'S GARAGE will answer several of these questions. Review the correct answers after the film. (Correct answers are underlined.)

1. In most states a 150-lb. person is presumed to be under the influence of alcohol when he or she has had how many beers, glasses of wine, or average mixed drinks with hard liquor in one hour?

   (a) 1-2 (b) 3 (c) 4 (d) 5 (e) 6 (f) over 6

2. How much more likely is it that the average drinker who has four average drinks an hour before driving will get into a car accident than someone who has had nothing to drink?

   (a) no more likely
   (b) six times more likely
   (c) twenty-five times more likely
   (d) no one knows

3. What percentage of fatal traffic accidents involve someone who was drinking?

   (a) 1% (b) 10% (c) 50% (d) nearly all (e) no one knows

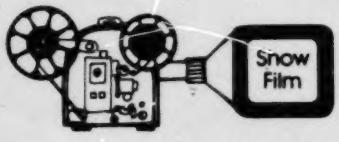
4. On the average how many people in the United States are killed each day in car accidents in which alcohol is involved?

   (a) 3 (b) 10 (c) 60 (d) 200 (e) no one knows

5. Which of the following *most* affects the amount of alcohol in the blood?

   (a) stomach content
   (b) weight
   (c) drinking experience
   (d) time passed

After the film you can also discuss what effects drinking seemed to have on the people in the film – for example, refer to the experiment with the gymnast and compare her lack of coordination with the effects drinking too much can have on driving ability. Ask how the two activities – balancing and driving a car – are alike and different. Then ask the group to discuss specific ways in which drinking too much can impair driving ability.



2.

BAC AND THE LAW

1. Explain what BAC means. (See pages 42-43 of this Guide.)
2. Consider inviting a police officer to demonstrate the "balloon" test for determining BACs.
3. Conclude the activity by discussing or having the group research one or more of the following legal aspects of driving while intoxicated:
   - In most states a driver is *presumed* (but not proven) to be driving while intoxicated if his or her BAC is .10%. In a few states it is .08% or .15%. In Sweden and Australia it is .05%. What is it in your state and what should it be?
   - Several states have *per se* laws according to which a driver is *automatically* considered guilty of DWI if found to have a BAC over a certain percentage, usually .15%. Is this a good law? Should the BAC be lower? higher?
   - How do police officers determine what a driver's BAC is? How was it done in the film?
   - What may happen to someone who is arrested for DWI? What happens to Bill in the film? What usually happens to people in your community when they are arrested for DWI? (What happens varies from community to community.)
   - Al says that maybe Bill's arrest will "straighten him out before he really gets hurt." Will it? What, if anything, would deter people from driving while intoxicated or impaired?
   - What is an Alcohol Safety Action Program? How many communities have them? Are there other programs for dealing with drunk drivers in your community?

3.

ROLE PLAYING DRINKING AND DRIVING DILEMMAS

Participants role play (or discuss) a variety of interpersonal drinking and driving situations, such as:

- Friend is about to ride with a drunk driver.
- Drunk friend is about to drive.
- You are about to ride with a drunk driver.
- You are already riding with a drunk driver.
- A host is serving drinks to guests who will be driving home.
- Parents learn that their son or daughter has been driving while intoxicated or riding with a drunk driver.

Sample role profiles are provided at the end of the activity. Make sure that players do not see each other's parts. However, preface the role plays with a "scene setting" introduction

which describes how the participants have met.* After each role play, players (and, where appropriate, the rest of the group) should discuss:

- what feelings they had while role playing;
- what alternative solutions or outcomes could happen in the situation portrayed;
- how they decided what to say and do;
- whether someone is responsible for a friend's drinking and driving and why or why not;
- why people are often reluctant to "get involved" in these kinds of interpersonal dilemmas.

Then tell the group to recall the many drinking and driving dilemmas presented in the film. The group can role play or discuss different endings to them. Some of these situations include:

- Mr. Cooper's discovery of his son's drunk driving episode.
- Sonya's asking R.J., "Why are you messing around with those guys, anyway?" R.J. responds, "It's none of your business who I'm hangin' around with. Now get off my back!" Later, Sonya suggests to R.J. that he sign up for the Alcohol Safety Action Program.
- The police officer's discovery that a noisy party is taking place, asking, "Where are your parents?"
- Barb's attempt at the end of the film to persuade Candy not to ride home with her drunk boyfriend, Bill.
- Barb's refusal to ride home with her boyfriend, Curtis since Bill would be driving.
- Sonya's desire at the end of the film to keep Charlie from driving because he is drunk. R.J. tells her, "It's none of your business!"
- Al asking R.J., "Why are you so afraid to be different?"

SAMPLE ROLE PROFILES

Drinking Driver

You are with your wife at a party and have had quite a bit to drink, maybe four beers in the last three hours, but you're not about to admit to your wife that you might be too "high" to drive home. Besides, you live only four miles away and the roads should be pretty empty – it's 2 a.m. already. And you feel just great – a little sleepy, perhaps, but that's just because it's been a long day.

It's been a good party, and you're not sorry you stayed so late. But now the party is starting to get boring, so you announce to your wife and your best friend whom you've been talking to, "Well, I'm pretty tired. Let's all go home."

Friend of the Drinking Driver

It's 2 a.m. and you've been at this party with your best friend and his wife for most of the evening. Your best friend, however, is pretty high and seems about ready to call it a night and drive to his home about five miles away. But you feel he's in no condition to drive his car. Even if he doesn't hurt himself, his wife, or someone else, he's liable to get arrested and lose his license. He's had at least *eight beers by your count in the past three hours. But you know you're going to have a tough time convincing him not to drive when he's with his wife. She'd probably like him not to drive, too, but she may be afraid to say so, especially since she doesn't have a driver's license. Your friend probably has no money to take a taxi and the buses have stopped running. You have a car, but you're going the opposite direction. When your friend gets up to go, what do you say to him?*

Wife of Drinking Driver

It's 2 a.m. and you've been at this party with your husband and his best friend for most of the evening. Your husband has been drinking quite a bit, at least seven beers in the past three hours. You've kidded him about it, trying to get him to slow down, but he won't take the hint. Now he's about ready to drive home, about five miles away, and you'd rather he didn't drive. But you're afraid to tell him not to; besides,

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* See footnote on page 12.

you don't have a driver's license. You're hoping your husband's friend, who has a car too, will try to persuade him not to drive. But what if his friend doesn't succeed? What will you do then?

4.

ASSESSING DRIVING IMPAIRMENT

Have the participants discuss whether and how they can tell if someone has drunk too much alcohol to drive safely by writing the end to the following story and discussing the behavior of the youngsters who were drinking in the film.

The party had been going for over four hours. Everyone had been talking, joking, and enjoying themselves. A lot of people had been drinking the rum punch, but there was also beer and hard liquor. Richard and his wife, Susan, and Darrell and his wife, Paula, had come together to the party in Richard's car and spent much of the evening talking with each other.

Richard was having an especially good time. He was drinking beer all night, almost one right after the other. In fact, Susan was getting a little nervous because after the last party they went to, Richard had had a little too much to drink. When he drove home, he wandered over the center line, went through a red light, and kept jamming on his brakes very suddenly. So Susan had decided to check on Richard during this party to see if he was in condition to drive. But it's difficult at a party to have a good time and also keep track of how much your husband has been drinking and if he has drunk too much to drive safely. Yet Susan had spotted several clear signs that Richard was not sober enough to drive, and she had talked to Paula in the ladies' room about Richard. Paula agreed to stick up for her if she needed help persuading Richard not to drive because Paula, too, had noticed some signs that Richard shouldn't be driving.

About an hour later, Darrell suggested they all go home. But as Richard pulled out the keys to his car, . . .

After the participants have written their story endings, divide the group into small groups. Instruct each small group to read its members' story completions and then agree on ways people can tell if someone has had too much to drink to drive safely.

When the groups have completed their work, have a reporter from each group explain its conclusions to the other participants and list its signs of impairment on a blackboard or flip chart – for example:

- sleepiness (yawing, drooping eyelids)
- slurred speech
- unstable walk
- unusual clumsiness
- excessive talking or silence
- silly behavior
- unusual energy
- more sexual aggressiveness
- boasting
- lack of concentration on the topic of conversation
- violence, more aggressiveness than normal
- any behavior a person does not usually engage in
- has been observed drinking the equivalent of two or more ounces of alcohol (not drinks) within a period of an hour.

Conclude the activity by pointing out three major problems involved in identifying people who are too impaired to drive:

- Many drinkers who are impaired *seem* relatively sober to others in terms of how they talk, walk, and even drive.
- The more alcohol people drink, the less capable they are of *judging* whether they themselves are too drunk to drive.
- A driver's underlying (and often hidden) attitudes toward driving can become unexpectedly more pronounced after drinking too much. Some drivers become more reckless, others more cautious.

FILM # 4: THE LEGEND OF PAULIE GREEN

Synopsis

After several months the Hotline kids again see Paulie, who is re-establishing his life without abusive drinking. To try to manage his problems, Paulie is receiving out-patient treatment with a psychologist at a psychiatric institute. He hasn't had a drink in five months. With the use of flashbacks we see the events which led up to Paulie's excessive drinking.

During the film, we see Karen, the daughter of a mother who abuses alcohol. Miserable over her mother's excessive drinking and her father's unwillingness to recognize the problem, Karen calls the Hotline and is told about Alateen, a group for the children of alcoholics.

At the end of the program, neither Karen's nor Paulie's problems are resolved, but for both there is considerable hope.

Goals

In order to make responsible decisions about drinking, participants demonstrate:

1. understanding of the differences between moderate drinking, problem drinking, and alcoholism.
2. understanding of why people abuse alcohol.
3. knowledge of various forms of treatment and rehabilitation for problem drinkers.

1.

QUESTIONS ABOUT PROBLEM DRINKING AND ALCOHOLISM

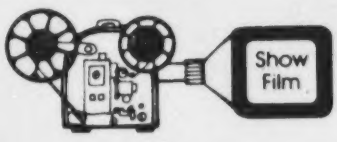
Read the following questions to your group and have them record their answers anonymously on note paper.

1. An alcoholic is someone who
   a. drinks too much once in a while (False)
   b. usually can't stop drinking once he or she has one drink (True)
   c. has problems because of his or her drinking (True)
   d. must get drunk every day to be called an alcoholic (False)
2. It's impossible for someone to become an alcoholic by drinking just beer. (False)
3. Most alcoholics have jobs and live with their families. (True)
4. Almost all alcoholics are men. (False)
5. Alcoholics are usually people who, if they wanted to, could easily "pull themselves together" and stop drinking without outside help. (False)
6. Most alcoholics are skid row bums. (False)
7. There are many more alcoholics in this country than drug addicts. (True)
8. Once people become alcoholics, it's too late to help them. (False)
9. Problem drinkers can usually control whether they drink and how much they drink; alcoholics usually cannot. (True)
10. Problem drinkers are often alcoholics in an early stage of their disease. (True)

Collect the papers and tabulate the answers on a blackboard or flip chart. Tell the group to keep these questions – and their own answers – in mind as they view the film and to look for parts of the film which address some of these issues. (Not all of the answers to the questionnaire are provided in the film.) In particular, instruct the group to:

- look for reasons in THE LEGEND OF PAULIE GREEN why Karen's mother and Paulie may have developed drinking problems;
- think about what might or did help them to recover;
- search for clues in the film about what it is like to have a drinking problem; and
- ponder whether they think Paulie and Karen's mother are problem drinkers or alcoholics, whether it is impossible to decide, and whether it matters which they are. (Karen says her mother is an alcoholic, and Paulie says he was one.)

After the film, have the group compare its ideas about problem drinking and alcoholism expressed before the film (for example, on the questionnaire) with the depiction of Paulie and Karen's mother in the film. Supplement the discussion with the information provided on pages 43-46 of this Guide.



2.

FREE CHOICE AND DRINKING

In order for participants to understand the causes of problem drinking and the difficulties that result from it, it is important to highlight the following points from the film:

- Paulie used alcohol to try to cope with his problems. Specifically, how did he think alcohol could help him?
- Paulie knew he had problems but he wouldn't seek help. Why did he feel he had to work things out on his own? Why did this make matters worse? Do you think trying to "go it alone" is a common trait among problem drinkers and alcoholics? Why? Do other people with problems share this tendency?
- What additional problems were created by Paulie's drinking?
- At the end of the film, Paulie attributes his success in abstaining to the therapy group and to Ken. But Ken says Paulie "turned himself around." Who is right?
- Although we have freedom of choice in a great many things, there are some decisions that are made for us. Did Paulie have any choice about taking on the job as Hotline Supervisor? Did he have any freedom in how he chose to handle his problems? Once people become problem drinkers or alcoholics, do they still have freedom of choice? Did Paulie exercise any free will during his period as a problem drinker? If so, in what ways?
- The kids at the Hotline didn't recognize Paulie's problem even though they dealt with this kind of problem regularly in others. How can you account for this? What might this tell you about drinking abuse? What might be some of the cues that someone has a drinking problem (e.g., gulping drinks, sneaking drinks, tardiness, absence from work, blackouts, broken promises to drink less).

3.

ALCOHOLISM AND THE FAMILY

Although the segment of the film dealing with Karen and her problem is peripheral to the main story, it provides valuable information which should be highlighted and discussed. Suggested discussion points follow:

- When a person has a drinking problem it rarely is his or hers alone. How did Karen's mother's drinking problem affect her family?
- Karen's mother has an obvious drinking problem. Does Karen's father fail to recognize or admit to the problem? If so, why? How does his attitude affect his wife and daughter?
- What might account for why Karen's mother has developed a drinking problem? Might women have any different reasons from men for abusing alcohol? How else might Karen's mother cope with the problems which may be responsible for her drinking problem?
- What advice was Karen given by the Hotline for seeking help for her mother, for herself and for her father? Why is there a need for these organizations? What kinds of assistance do they provide?

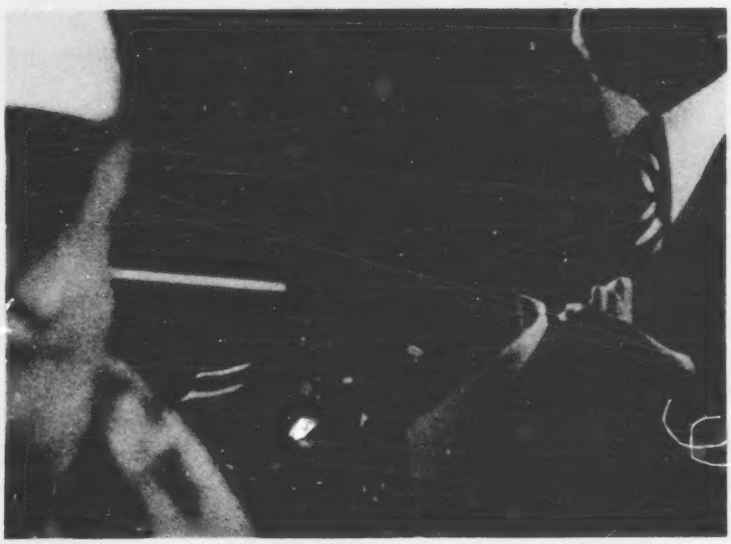
- Why do some people fail to ask for help when they need it badly? When should someone ask for help with a personal problem? Whom should they ask for help?
- When should someone urge a friend or relative to seek help? How should this be done? What, if anything, should family members do about a parent, spouse, or child who refuses to seek or accept help? Should they seek help for *themselves* even if the problem drinker won't do anyting? In the film IN THE BEGINNING, Mike suggests to a caller that she stop going to parties with her boyfriend since he always gets drunk at them. She does, but as a result they break up. Should the caller have taken this approach to her boyfriend's problem drinking? Should Mike have recommended this approach as a solution? Should he have recommended Al-Anon?
- What does Karen say is the best type of help she can give her mother? ("The kind of thing I can do for her is to keep my own head together.") Does your group agree? Is there anything else Karen could or should do? What? Why? Is she being "heartless" or "realistic" when she says, "Dad's still trying to change Mom, but I'm not"? What are the responsibilities of a family member toward a spouse, child, or parent who has a drinking problem?
- What are some sources of help for alcohol problems in your community?

As part of this activity you may wish to have several participants conduct a special project on sources of help for problem drinkers and alcoholics in your community – where they are located, whom they help, what specific services they provide – and report their findings to the group. Sources can include Alcoholics Anonymous, the clergy, and mental health centers.

FILM # 1: ROUTE ONE

Synopsis

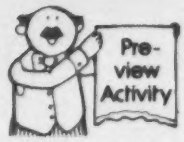
A science class at Jackson Junior High is studying different kinds of alcohol. It is interrupted by the arrival of Patches, a St. Bernard belonging to one of the students. Patches is suffering from a hangover caused by some accidental drinking at a wedding celebration the previous day. The teacher uses Patches' misery to discuss misconceptions about hangover cures and how much a person can drink without getting a hangover. An animated clip shows the route alcohol takes as it travels through the body and its subsequent effects on the brain and other body systems. Although the program stresses factual material, value-oriented concepts of celebration, consequences, decision-making and responsibility are all touched upon as well as common questions and misconceptions all of us share. THINK ABOUT WHAT YOU DRINK ABOUT, a TV commercial-type song, suggests the tone of the program.



Goals

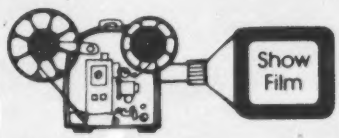
In order to make responsible decisions about drinking, participants demonstrate:

1. knowledge of basic information about alcohol and drinking, including
   - the physiological effects of alcohol,
   - the differences between ethyl and methyl alcohol,
   - why alcohol is a drug,
   - the different amounts of alcohol in different kinds of beverages,
   - the amount of alcohol necessary for intoxication,
   - the misconceptions which have developed about alcohol.
2. ability to decide whether people are responsible for other people's drinking and abstaining behavior.
3. ability to identify methods by which to discourage or prevent abusive drinking by others.

1. 

VARIATIONS IN ALCOHOL'S EFFECTS

Have the group brainstorm what factors it believes determine how alcohol affects people—in particular, why alcohol has different effects on different people or on the same person at different times. Instruct the group to watch during the film for explanations of what determines the various effects drinking has on people. After the film, compare the group's opinions with the information provided in the film.



2.

DRINKING ISSUES

ROUTE ONE touches on many themes and presents much information which you will want to highlight after showing the film to make sure viewers are aware of all the points the film is trying to get across. Below are some of the major *concerns* and *issues* the film raises which you will want to bring to your group's attention.

- What effects did the champagne appear to be having on the guests at the wedding reception? Would you classify these effects as "good," "bad," or "neutral"?
- Why were the people drinking at the reception? Are those "good" reasons? Why? Why did the people seem to enjoy drinking? How much could they drink at the reception before you would say they were drinking too much?
- Why did the adults at the reception allow the children to drink champagne? Should youngsters Bobby's age be allowed to drink *only* on special occasions? Should adults offer alcohol to *other* people's children, as happened in the film? Why or why not?

3.

RESPONSIBILITY FOR OTHERS' DRINKING BEHAVIOR

Conduct several role plays around the issue of personal responsibility for a friend, relative, or stranger who is drinking excessively or is about to drink too much. However, begin the activity by reminding the group of the scene at the end of ROUTE ONE in which the class blames Bobby for letting Patches get drunk. Discuss whether Bobby was responsible for making sure Patches didn't get drunk and why or why not.

Then have the group role play a variety of situations in which one player must decide whether he or she has an ethical or moral responsibility to discourage or prevent alcohol abuse on the part of another player. Situations which can be role played include:

- two friends together, one of whom is about to drink;

- host at a party confronted with a guest who is getting drunk and plans to drive home;
- two friends, one of whom is drunk and about to drive;
- two friends, one of whom is about to ride with a drunk driver;
- an adult who is about to buy alcohol for an underage youngster.

Two sets of sample role profiles are provided at the end of the activity. Distribute the parts on a *voluntary* basis, making sure that players do not see each others' parts. However, preface each role play with a "scene setting" introduction which describes how the role players got involved with each other.* After each role play, the group should discuss whether the friend is responsible for the other person's drinking and why or why not.

Different group members can repeat the role play situations using the same role profiles or using ones they themselves develop. Note and discuss the way the same or similar situations are handled differently by different people.

Caution: You need to be careful to observe and comment on whether role players exaggerate the drunken behavior in their parts. If they do, indicate that many times intoxicated people do not exhibit grossly drunken behavior.

SAMPLE ROLE PROFILES: SET # 1

Host

You (Peter) and your wife are the hosts at a party of six couples. You have been serving mixed drinks. It is the middle of the evening and you can tell that Frank and Susan are both starting to get drunk. They have driven over from their home 37 miles away and, because they couldn't find a babysitter, have put their baby in one of your bedrooms to sleep until they are ready to drive home. Frank comes over to you and says, "Make another Tom Collins for me and my wife." What will you do? What should you do? Why?

Guest

You (Frank) and your wife are having a great time at Peter's party. You were unable to get a babysitter so you drove over (37 miles) with your baby, who's now sleeping upstairs. You've both had a few cocktails and feel fine, a little "high" perhaps, but not drunk. You go over to Peter and say, "Make another Tom Collins for me and my wife."

SAMPLE ROLE PROFILES: SET # 2

Minor

You are a 15-year-old (girl or boy) and you want to celebrate your boyfriend's (girlfriend's) birthday by sharing a bottle of champagne. You have just been refused service in a package store. As you walk out, a kindly looking man who was watching when you were refused holds the door for you. He had been buying, too. You figure, as you both step out the door, that he might buy for you. You'd even offer him a dollar to do it for you if you had to.

Adult

You are a 22-year-old married man buying some beer for a party you're having tonight. You've been watching a young boy (girl) being refused service because he (she) is too young. You hold the door open for him (her) as you both walk out. You wonder if he (she) might ask you to buy the alcohol for him (her) and what you'll say if he (she) does.

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* See footnote on page 12.

FILM # 2 : THE PARTY'S OVER

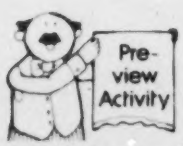
Synopsis

Jackson Junior High students pursue their studies about alcohol. In the hall after class, one student, Fred, and a few of his friends decide to crash a slumber party given by Sarah, another class member. Fred announces that he will bring wine and beer to "liven things up." On the night of the slumber party, after Sarah's parents have left for a party of their own, Fred and his friends invite themselves in and turn the quiet evening into a disruptive and unpleasant affair. Sarah is attempting to cope with the situation when her parents arrive home to discover the disarray created by Fred.

Goals

In order to make responsible decisions about drinking, participants demonstrate:

1. knowledge of the various external influences which may shape their attitudes, decisions and behavior, including parents, children, peers, social attitudes, church, and laws.
2. knowledge of the effects of their own behavior on other people.

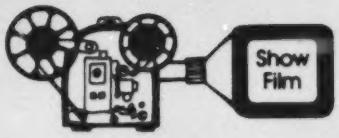
1. 

PEER PRESSURE

Ask the participants to relate incidents in which people were pressured into doing something they really didn't want to do. Make clear that they need not use examples from their personal lives. Ask them why these people gave in to the pressure. You can also have the group relate instances in which people exerted peer pressure on a friend and why they did so. Remind participants that peer pressure does not always result in negative outcomes but is often a *positive* force. Ask for examples of occasions when peer pressure can be of value.

Instruct the group to notice while watching the film instances of:

- peer pressure which was not helpful
- peer pressure which was helpful
- occasions where peer pressure was not exerted but should have been
- peer pressure exerted among members of the same "clique" and between members of different "cliques."



2.

INFLUENCES TO DRINK OR ABSTAIN

THE PARTY'S OVER raises several important drinking issues which should be highlighted after the showing. For example, you can ask viewers to discuss:

- What opinions were expressed in the film about the legal drinking age? How do the opinions expressed in the film compare with those of your participants?
- What did the students in the film have to say about whether kids their age can "handle" alcohol"? Do your participants agree? What did the teacher recommend in the film? Do they agree with the teacher's statement that kids should drink only with parents and obey the law? Why or why not? Would any of your group members serve alcohol to their children? Have they? Why or why not? How old would the children have to be? How much and what kind of alcohol, if any, would your participants give their children?
- Can the group identify examples of peer pressure in the film? If so, what were its effects? Did these effects differ depending on whether the pressure was exerted among members of the same clique or between members of different cliques? If so, why?
- In addition to peer group pressure, what else might explain why several youngsters in the film were abusing alcohol? Why did Fred get drunk? In particular, what is the role of stress, loneliness, and boredom in stimulating some people to drink too much? How else, other than by drinking, might people cope with these emotions?
- Can the group identify occasions where there was an obvious *lack* of peer pressure in the film? If so, what were the apparent consequences of this lack?
- Could the problem at the party have been avoided? If so, how and by whom (for example, by Cookie? Sarah? Georgie? Sarah's parents? Fred's parents?)?

3.

VARYING THE FILM ENDING

Several participants take the parts of the major characters in the film: Fred, Cookie, Sarah, Nora, Georgie, Dad. Tell the players that they are to pick up where the film left off (Dad walking in the door) and see the incident through to a logical conclusion.

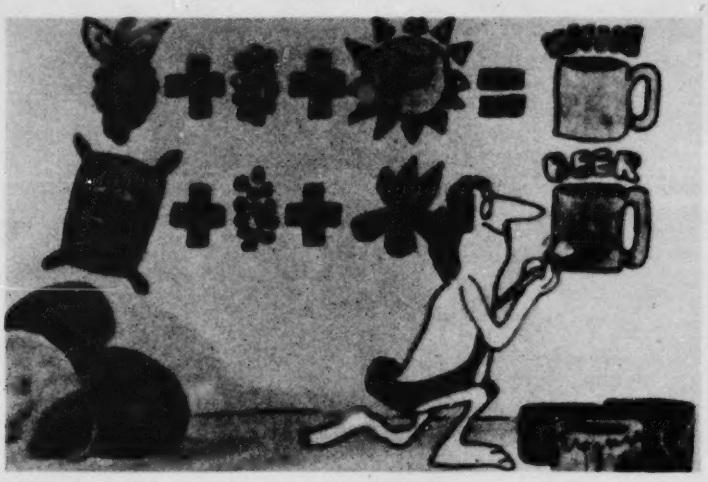
Additional role play options might be the following:

1. Assign parts but this time tell the participant who is playing Sarah that she must try to gain control over the situation and get Fred and his friends to leave. The action starts early in the film, just as Fred pulls the wine bottles out of his coat pocket.
2. Assign parts in the same manner as before. Cookie vigorously attempts to get Fred out of Sarah's house. Action starts as Fred is emptying Sarah's father's cabinet of its liquor.
3. This time, Fred passes out just before turning the table over. What do the kids do? Tell the players they have 15 minutes before Sarah's parents return home.

FILM # 3: BARBARA MURRAY

Synopsis

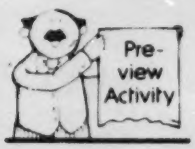
Barbara Murray, a young substitute teacher at Jackson Junior High, finds her class involved in a discussion of whether alcohol is "good" or "bad." Barbara, a non-drinker who is somewhat defensive about the pressure her friends put on her to try alcohol, avoids the students' question about whether she drinks and turns the discussion to the history of alcohol. An animated section of the film touches on varied cultural and religious customs regarding alcohol, ending with the lyrics, "It's up to you to pick or choose, depending on who you are." The rest of the film alternates between Barbara's search for a reason for her own attitude toward drinking and the class involvement in the question of why people do or do not drink.



Goals

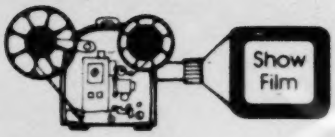
In order to make responsible decisions about drinking, participants demonstrate:

1. knowledge of reasons individuals give for using or not using alcohol.
2. ability to evaluate the "image" of alcohol use and non-use as portrayed by current ads, TV, movies, etc., and how this image differs for women and men.
3. knowledge of alternative means of dealing with peer and non-peer pressure to use or abuse alcohol and responsible attitudes toward resisting such pressure.

1. 

DRINKING ON SPECIAL OCCASIONS

Ask the group to brainstorm the "special occasions" when alcohol often is and is not served. As participants offer their suggestions, write them on a blackboard or flip chart. When major occasions have been identified, discuss the categories of occasions represented – celebrations, religious ceremonies, parties, etc. Point out that for most Americans alcohol will be present at many important social, cultural and religious events, but that it will not be present at many other events. Select one such event where alcohol is usually served and ask the group if *everyone* who would attend such an event would drink alcohol and why. Then select an event at which drinking would probably not occur and discuss why. Tell the group to look for occasions in the film – special *and* ordinary events – at which drinking takes place and to think about why alcohol is served at them.



2.

REASONS PEOPLE DRINK AND ABSTAIN

BARBARA MURRAY focuses on why people drink and abstain. Points relating to reasons for drinking and not drinking which you can highlight in the film to make sure viewers are aware of them include the following:

- There are several abstention groups today who do not believe in any use of alcohol. Which ones are portrayed in the film? Are there others which were not shown? Why do these groups abstain? Why do many other people not drink?
- Barbara Murray discovers she may be an abstainer because her parents did not drink while she was growing up. Does this mean children tend to take up their parents' drinking behaviors? Does it mean young people also emulate other parental behaviors, such as smoking, becoming a plumber, swearing, or listening to Beethoven?
- Barbara Murray's boyfriend and friends try to persuade her to drink. What methods do they use? What arguments does she use in return? Why do her boyfriend and friends urge her so persistently to drink?
- At one point, Barbara is about to taste her boyfriend's drink but changes her mind when she hears a man in the back of the cafe drunkenly raise his voice for another drink. Why does this incident seem to discourage her from tasting the drink? What might have happened if she had tasted it?
- Does Barbara know why she doesn't drink? If she does know, what are the reasons? If she doesn't know, why doesn't she? Is it important that she know why she doesn't drink?

3.

DRINKING AND IMAGE

Have the group identify several well-known figures in politics, entertainment, sports, etc. Ask the class to guess (1) whether or not each famous person drinks and (2) if so, what type of drink he or she likes. Explain that you aren't concerned with the "real" or "right" answer, but want to discuss the reasons for the guesses. For example, if participants guess that a glamorous entertainment figure drinks champagne, ask them why they chose that drink. Focus the discussion on the kinds of stereotypes associated with various drinks – the "good guy" beer drinker, the sophisticated martini drinker, the tough guy who takes his liquor "straight," and so on. Point out that such stereotypes influence our thinking and our behavior – we may make judgments about other people based on whether or not they drink or on what they drink. We may ourselves behave differently because we want to be like one of the stereotypes.

FILM #4: LIKE FATHER, LIKE SON?

Synopsis

At Jackson Junior High, young Jim is studying about problem drinking in a class project on alcohol. Jim recognizes that his own father, Big Jim, is a problem drinker. Jim and his father have a very close relationship, and Jim feels he has knowledge that can help his dad. But each time he tries to talk about it, his father becomes belligerent. Jim feels powerless in the face of his father's rage. After a particularly explosive scene between father and son, the father apologizes and promises to change. The viewer is left wondering if the same promise has been given many times before.

Goals

In order to make responsible decisions about drinking, participants demonstrate:

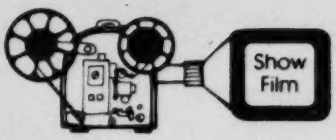
1. knowledge of some ways of distinguishing between social drinking, problem drinking, and alcoholism.
2. knowledge of and ability to evaluate alternate responses to interpersonal situations involving alcohol abuse.
3. knowledge of how to find help for people with drinking problems.

1.

WHAT IS "TOO MUCH" DRINKING?

Ask the participants to write a short description of (or describe orally) a person they feel drinks too much. Make clear that this person should *not* be identified as someone they know. Ask them to be ready to explain *why* they feel the amount of drinking they have described is "too much." Tell them that they are going to view a film which portrays a man who they may also feel drinks too much. They should be on the lookout for things this man says and does which make them feel he drinks normally or too much.

You can also have the group answer the questions on pages 20-21 about problem drinking and alcoholism. After the film review the correct answers in light of the information in the film and on pages 43-46 of this Guide.



2.

BIG JIM'S DRINKING PROBLEM

Because the film delves deeply into interpersonal relations in a family and the problems surrounding the alcohol abuse by one member, it is important to highlight and discuss the following points:

- The reasons for Big Jim's current unemployment, followed by discussion of his former employer's possible *attitudes* toward him. Discuss also the attitudes of Big Jim's former fellow worker, the bartender, and Jim's drinking companions.
- The attitudes of Big Jim's family toward him. Are they empathetic? Constructive?
- Big Jim's explanations for why he drinks. What does the group feel are the reasons he abuses alcohol? How else might he cope with the forces that appear to be causing him to drink excessively?
- Big Jim's denial of his drinking problem. Why might it be so difficult for him to admit he has a drinking problem?
- Big Jim's misinterpretation of events – for example, his former colleague's friendliness and his wife's mentioning the baby is coming on time.
- The interpersonal relations contributing to Big Jim's drinking problem, as well as those that could be part of a solution. What actions might his wife, son, or friends take which might encourage or even force Big Jim to seek help? The wife tells the son to "try to keep things peaceful." Is she trying to cover up for Big Jim's problem? Should she? What are her and Young Jim's ethical or moral responsibilities in this situation? What might deter them from doing what they know is "right"?
- Karen's reactions to her mother in THE LEGEND OF PAULIE GREEN compared with those of Big Jim's son and wife to him. Are the two situations comparable?
- Big Jim's wife and son's need for help – in terms of how *they* may be promoting the father's abusive drinking and/or in terms of how they can help *themselves* to function productively despite Big Jim's presence in the family.
- The various sources of help alluded to in the film. What treatments were available to Big Jim? What sources of help are available in your community?
- Whether Big Jim should have taken his son into the bar. Is this legal in your community? Should it be?
- The title of the film. Why is there a question mark after it?

3.

DEFINITIONS OF EXCESSIVE OR PROBLEM DRINKING

Begin by comparing the descriptions the group wrote or presented in preview activity # 1 of someone who drinks too much. Then compare the group's descriptions of excessive drinking with Big Jim's drinking behavior (and also Fred's in THE PARTY'S OVER) for similari-

ties and differences. Discuss how Big Jim drinks (e.g., gulps his drinks, drinks frequently, drinks more than his friends, etc.) and what effects his drinking has had and is having on him (e.g., loss of job, financial problems, fights with wife and son). Try to see if your group can reach a consensus on what the *major* drinking behaviors and drinking consequences are which constitute "drinking too much." Don't expect or even try to get complete agreement, since our society doesn't have any well recognized consensus about what constitutes excessive drinking. To some extent, each individual on his or her own must make that determination. On the other hand, no doubt many of the participants' descriptions and certainly many of Big Jim's drinking behaviors are clearly abusive. You can also raise for consideration other drinking behaviors the group can evaluate as constituting social drinking or excessive drinking, such as:

- one cocktail before dinner
- three cocktails before dinner
- a bottle of wine with dinner
- three beers most days after work to help relax
- five mixed drinks each with 1 ounce of alcohol in two hours at a party
- a six pack of beer while watching television for three hours on a Sunday afternoon.

5.

EMPATHIZING WITH ALCOHOLICS

Have students actually abstain (or imagine what it would be like to abstain) from one or more very desirable activities to get an idea of what it might feel like to be an alcoholic — being unable to resist an overwhelming temptation.* Examples might include:

- Using no salt and/or sugar in food.
- Not smoking cigarettes.
- Not drinking alcoholic beverages.
- Not using the telephone.
- Not eating candy.
- Not sleeping late on weekends.
- Not watching TV.
- Not drinking Coke or other soft drinks.
- Not engaging in a favorite sport.

Each participant can select one or more activities and attempt to abstain from them for an agreed-upon length of time, depending on the activity and its importance to the participant's needs and health. At the end of the agreed period, participants can write accounts of, or report to the group on:

- Whether or not they succeeded.
- Whether they were confronted with the opportunity to "lapse" and whether their will power diminished in the presence of the "forbidden" activity or object.
- Their feelings during the period of abstinence . . . such as boredom, frustration, anger, grouchiness, preoccupation with or fantasies about the forbidden activity, or jealousy toward others who were not abstaining.

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* The group can also experiment with going to a party where liquor will be served and, without telling any of the other partygoers of the experiment, refuse to drink any alcoholic beverages despite any pressures from others to do so. This experience may provide some insight into the pressures recovering alcoholics and other abstainers experience in trying not to drink.

Finally, discuss the ways in which the group's abstention experiment is *not* fully representative of an alcoholic's problems. For example, the students know they can resume their highly prized activity with impunity, while the alcoholic who has stopped drinking knows that to resume drinking may be courting disaster again. Or, the participants may experience little difficulty giving up their favorite activity because they never were that strongly attached to it and knew their "abstinence" was only temporary. As a result, they may erroneously conclude that alcoholics shouldn't have much trouble giving up their "addiction," either.

III. BACKGROUND INFORMATION ON ALCOHOL AND ALCOHOL EDUCATION

This chapter suggests some effective ways to teach about alcohol, moves on to a discussion of the major drinking patterns in contemporary American life, and then provides overviews of alcohol's physical and behavioral effects, drinking and driving issues, and the nature of problem drinking and alcoholism.

1. Teaching about Alcohol

Objectivity in Alcohol Education

Given the absence of a clear consensus in America regarding whether, how much and under what circumstances people should drink, in presenting the films and conducting the activities you should try to be as neutral as possible toward the use and non-use of alcohol. While such objectivity may be difficult to achieve, you can remain objective if you use the following instructional strategies:

- Include what a majority of Americans feel are the positive aspects of responsible alcohol use, such as taste, relaxation, appetite stimulation, sacramental uses, and conviviality. For a variety of reasons, instructors and adult group leaders tend to focus predominantly on the dangers of alcohol abuse and very little on the satisfactions of alcohol use. However, precisely because alcohol abuse is a crisis of astonishing magnitude in this country, you need to devote a significant amount of time to exploring why and how people enjoy its use. If you fail to describe and discuss this enjoyment at some length, you risk losing your audience's confidence in the trustworthiness of what you have to say about the nature of alcohol *abuse*. Moreover, it is clear that a slight majority of Americans drinks on a fairly regular basis. Given this situation, one potentially effective method by which to help ensure that this drinking activity is conducted in moderation is to deliberately *identify and reinforce as acceptable behavior a variety of moderate drinking patterns*. Investigating the satisfactions of drinking can provide behavior models for people to emulate if they do drink.
- Include discussions of abstinence with discussions about drinking. Encourage learners to investigate and discuss reasons for abstaining and attitudes of abstainers toward drinking.
- Avoid moralizing about drinking and abstaining, such as saying, "It's wrong to drink before driving." Instead, present the facts: "There's a greater risk of an automobile accident when a driver is drunk."
- Welcome all opinions non-judgmentally. This does not mean simply tolerating divergent views; it means actively soliciting them by:
  - explicitly asking learners to express *their* views and feelings and indicating that while you, of course, have opinions and feelings of your own, you are not interested in judging what they say;
  - asking open-ended questions such as, "What is right or wrong about getting drunk?" rather than, "Why is it wrong (or right) to get drunk?";
  - insisting when someone answers an open-ended question that other members of the group, not just you, respond to his or her opinions and feelings;
  - asking leading questions such as, "Why are you concerned about pressures from friends to drink (or abstain)?;
  - clarifying ideas ("Are you saying, then, that drinking six beers is all right if it's done quietly in front of the television but not if it's done at a bowling alley?")
- Avoid giving personal advice. This is hard to do since it may be what your audience wants most. Unfortunately, giving advice about drinking rarely helps people because it discourages them from solving their own alcohol problems and asking the right kinds of questions.

- In response to questions about your own drinking behavior and attitudes, either answer the questions honestly or indicate explicitly your desire to keep the information private, extending the same right to your group.
- Above all, concentrate on promoting the process of decision-making rather than on specific attitudes or behaviors. All of the above instructional approaches are designed to facilitate this goal of enabling people to come to their own informed conclusions about whether they want to drink and, if so, where, how often, and how much.*

You will find it easier to adopt the above alcohol education strategies if you think about and clarify your own values and attitudes toward drinking as much as possible before you begin teaching about alcohol. You can engage in this self-examination not only by thinking about your feelings toward alcohol but also by discussing them with other group leaders and instructors and with close friends. Think about:

- why you drink or abstain;
- how your drinking practices may have been influenced by your parents, peers, and society, as well as by your own conscious decisions;
- what drinking does for you, if you drink, or what it might do, if you are an abstainer; and
- how you feel toward abstainers, social drinkers, problem drinkers, and alcoholics.

Affective Educational Approaches

Most people's decisions about drinking are made not only on the basis of rational considerations (e.g., "Will getting drunk cause a car accident?") but also as a result of nonrational motives (e.g., "If I let my wife drive, will she think I can't hold my liquor?"). Some of the major nonrational considerations with respect to decisions to drink or abstain involve peer pressure, role modeling, and self-concept.

You will be able to help people best to make responsible decisions about drinking if you use instructional approaches which help them become aware of and understand these nonrational motives. Many of the suggested activities in the previous chapter are designed to help achieve this awareness, in particular the role plays and small group discussions. Learners will also be helped to focus on their feelings and attitudes if you adopt the educational strategies suggested in the previous section (Objectivity in Alcohol Education) and create an open atmosphere in which people feel free to express their thoughts about drinking to you and to each other.

While encouraging learners to investigate their feelings and attitudes about alcohol, you will also want to be careful to protect their right to keep their personal thoughts to themselves. Probing one's own feelings can be effective as an unshared internal thought process, as well as a public dialogue. Your objective should be self-insight, not public revelation. If group members do share personal or private information, this should not be repeated outside the group.

2. American Drinking Practices and Attitudes

Many studies have sought to determine how many Americans drink beverage alcohol and how many abstain, why they drink or abstain, how much and how often they drink and under what circumstances they drink. Since most such studies rely on what people say rather than on observed behavior, the findings may be erroneous. However, numerous research studies suggest that the following generalizations about drinking in America may be accurate:**

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* A particular adult group may truly desire some education about alcohol but also have a tradition of opposing its use. In such cases, the above suggestions urging the group leader not to say alcohol is bad may be difficult to accept. However, openness and encouraging each participant to make up his or her own mind about drinking seems to be the best educational strategy at this time.

**As you read these statements, keep in mind that they distinguish carefully between *drinkers* (who may or may not drink extensively) and *problem drinkers*.

- Two-thirds of all Americans drink at least once a year; one-third do not. However, if those persons who are infrequent drinkers (less than once a month) are included with those who never drink, nearly half of the American adult population cannot be classified as regular drinkers.
- The percentage of drinkers in the adult population has risen in recent years, after declining in the post-World War II period. However, there appears to have been little change in the percentage of drinkers among men since 1958 but a steady increase among women.
- An estimated nine million Americans are alcoholics.
- There is more drinking and problem drinking in urban and suburban areas than in rural communities and small towns. There are proportionately more drinkers in New England and the Middle Atlantic and Pacific Coast States than elsewhere, although these regional contrasts may be diminishing. The lowest proportion of drinkers occurs in the East South Central States, followed by other southern areas and the Mountain States.
- People from higher socioeconomic groups are more likely to be drinkers than the middle and lower class, but they are slightly less likely to be problem drinkers. The highest proportion of abstainers is found among the lower socioeconomic levels. The highest proportions of problem drinkers are found among the middle and lower socioeconomic groups.
- Drinking behavior shows a strong relationship to religious affiliation. Baptists, Methodists, and Mormons, for example, are more likely to be abstainers than are members of other religious denominations. Episcopalians, Catholics and Jews are more likely to be drinkers than are members of other religious groups.
- The highest proportion of drinkers is found among Americans of Italian, Russian, and Polish ancestry. The Scotch-Irish have the highest proportion of abstainers. The number of heavy drinkers is proportionately highest among Latin-American and Caribbean ethnic groups and Irish-Americans.
- There are no significant differences in drinking behavior between whites and blacks except that proportionately more black women than white women are abstainers and problem drinkers.
- The proportion of adult women who drink has been increasing steadily since World War II. About 47% of adult women in America now drink once a month or more. However, men are nearly twice as likely to be moderate drinkers and three times as likely to be heavy drinkers in comparison with women.
- With advancing age people tend to drink less. More elderly people abstain, and heavy drinking among elderly drinkers declines.
- A majority of youngsters experiments with drinking. Most Americans have had their first drink by the time they leave elementary school.
- The great majority of young people who drink do not abuse alcohol. Most drink infrequently or moderately – usually beer. Teenage drinking is not limited to the maladjusted or to the poor.
- Most adolescents first drink at home, in their parents' presence, and with their parents' permission.
- There has been an increase in the proportion of drinking students at each grade level since 1970.
- About half of high school students report that at least once a month they are part of social occasions where alcohol is served and there is no adult supervision; as many as forty percent are female. Nearly as many girls now drink alcohol as boys in terms of frequency, but perhaps not in amount.

- One in four seventh graders reports having been drunk one or more times a year; one in four high school students reports he or she gets drunk four or more times a year. One out of every seven male high school seniors reports getting drunk at least once a week – 52 times a year. For an unknown minority of teen-age drinkers, perhaps one in twenty, alcohol abuse is a serious problem.
- One in three high school students reports he or she rides in cars driven by a heavily drinking driver at least once a month.

Americans who use alcohol in moderation drink for a variety of reasons. They drink to relax, to mix socially, to celebrate special events or religious occasions, to help them to sleep, to feel good or better, or because they like the taste.

Many young people drink primarily because they see it as a symbol of adulthood. As such, their drinking is not usually an expression of rebellion but rather an attempt to feel or appear grown-up. Many young drinkers also report "wanting to have a good time" and "to feel good" as their principal reasons for drinking. In this respect, their motivations are similar to those of many adult drinkers.

People who do not drink have many reasons for abstaining, including religious or moral reasons, the belief that drinking is bad for health, the lack of desire or need to drink, financial reasons, dislike for any feelings of loss of control, the taste of alcoholic beverages, the relatively high caloric content of alcohol, or an inability to stop drinking after one drink.

The reasons problem drinkers and alcoholics drink are suggested in section 5 of this chapter.

Finally, several studies have revealed much about Americans' attitudes toward drinking and knowledge about alcohol. In general, adults and youngsters share the same opinions about drinking. For example, 67 percent of adults and 62 percent of high school students in 1974 ranked alcoholism as the eighth most important social issue, saying it was an extremely or very important problem in America. Seventy-six and seventy-one percent, respectively, ranked drunk driving as the fifth most important social issue. Thirty-four percent of adult Americans believe that "the host who encourages heavy drinking among his guests can accurately be described as a drug pusher."

In terms of harboring misconceptions about alcohol, sixty-two percent of adults believe that drinking black coffee will sober one up quickly or are not sure whether this is true or not; sixty-five percent of teenagers share the same misinformation or ignorance. Other misconceptions which a majority of adults and teenagers share are that:

- it is easy to tell if a person is drunk even if you don't know him or her well.
- mixing different kinds of drinks can increase the effect of alcohol.
- a can of beer is less intoxicating than an average drink of liquor.
- a cold shower can help sober up a person.

In addition, a large minority of adults (25 percent) does not know that alcohol is a drug.

Interestingly, abstainers, lighter drinkers, and those with no or few drinking problems are more likely to have accurate information about the effects of alcohol than are those who are heavier drinkers or problem drinkers.

3. Facts About Alcohol

Just how alcohol affects how someone thinks, feels, and behaves is determined not only by how much alcohol he or she drinks and his or her particular physiological reaction to

drinking but by at least three other factors that have nothing to do with drinking or the body. They are:

a. what a person *expects* to happen when he or she drinks. If someone expects to get "high," he is more likely to. (Experienced college drinkers have been given non-alcoholic drinks they thought contained alcohol and have become as "high" as a control group given the real thing, simply because they expected to get "high.")

b. what a person's *mood* is before drinking. Alcohol may simply accentuate an existing mood, rather than change it; therefore, for example, a depressed person after drinking may feel more unhappy than before.

c. the *setting* in which a person drinks. Someone drinking in a jovial, relaxed atmosphere among close friends is more likely to get "high" and feel good than if he or she drinks alone.

These three influences make it very difficult to predict how alcohol will affect different people or even how it will affect the same person on different occasions. Keep this extreme variability of effects in mind as you read below about the major effects alcohol can have on a drinker's thoughts, feelings, and actions. In addition, keep in mind that most of these effects result because alcohol *allows* them to occur, rather than causes them.

1. *Pleasure:* ". . . Liquor drinking falls principally under the heading of *increased awareness.* The normal man drinks to heighten pleasure and enthusiasm – to intensify, to relate, to communicate, to feel, to let go, to socialize . . . "* At the same time, drinking may create pleasure by diminishing awareness of unpleasant feelings and realities.

2. *Inhibitions:* Alcohol tends to reduce a person's inhibitions and loosen self-control, although this effect may be experienced as a feeling of stimulation. In fact, the alcohol depresses or anesthetizes those portions of the brain that normally help keep the brakes on feelings and behavior. Some of the feelings that may be released include anger, love, affection, hostility, feelings of inferiority or superiority, over-confidence, tenderness, generosity, and jealousy. All of these feelings may result in unusual (for the drinker) behavior, such as crying, fighting, yelling, laughing, hugging, violence, and taking risks. However, people with no major inhibitions may experience no major changes in behavior when they drink moderately.

3. *Thinking:* Alcohol, especially in increasing amounts during any given drinking episode, tends to impair a person's ability to make judgments, concentrate, and understand. In particular, it tends to prevent the inexperienced and/or neurotic drinker from realizing that his ability to think clearly and act normally is impaired. He thinks he's "sober as a judge." Experienced and mature drinkers, however, often know very well when they are impaired.

4. *Psychological Tolerance: (Physical* tolerance to alcohol is discussed in #7 below.) Regular drinkers develop *psychological* tolerance in which they learn to compensate for the impairing effects alcohol has on them, ". . . much as a sailor learns to walk across the deck of a rolling ship. He has learned what to expect so that if circumstances require it, he controls his behavior and performance accordingly."** This psychological tolerance, however, may fool both the drinker and others into thinking he is sober when he may not be. As a result of psychological tolerance, one cannot determine to what extent alcohol has affected a drinker's ability to perform tasks, like driving, simply by

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* Morris Chafetz, *Liquor: Servant of Man* (Little, Brown and Co.: Boston, 1965), p. 164.

** Bernard and Levi N. Larsen, *Alcohol in Our Society* (North Dakota Commission on Alcoholism: Bismarck, North Daokta, 1969), p. 28.

observing his behavior in familiar and routine activities. In addition, psychological tolerance does not *prevent* alcohol from impairing thought and action; it merely enables the experienced drinker to cope with those effects.

5. *Efficiency:* Generally speaking, the more alcohol a person drinks, the more difficulty he or she will have performing both mental and physical tasks. However, moderate amounts of alcohol (one-two drinks, depending on the drink's strength and the drinker's weight and food intake) do not seem to impair to any significant extent the ability to engage in manual or intellectual tasks. For some people and some tasks, small amounts of alcohol may heighten efficiency or performance, perhaps by reducing tension which sometimes inhibits behavior.

A person will find it increasingly difficult to perform tasks efficiently not only as he or she drinks more alcohol, but also:

- if the person has little prior drinking experience and, therefore, has not learned how to compensate for his impaired ability to perform.
- if the task he is performing is complex (like driving).
- if the person is unfamiliar with the task.
- if the person has low capacity for self-control when sober (gets upset or flies off the handle easily).

6. *Diseases and Bodily Damage:* There is disagreement among experts on whether and to to what extent alcohol can directly cause permanent bodily damage.

   a. *Liver.* Most people who die from cirrhosis (scar tissue replacing liver cells) are heavy drinkers. Poor diet related to excessive drinking may also contribute to liver damage. Alcohol is known to be directly damaging to the liver in other ways, depending on the amount, duration, and drinker's own reactions to alcohol. However, to date there is no evidence that drinking small amounts over a lifetime causes *permanent* liver damage or damage that would interfere with normal life functioning.

   b. *Brain.* Evidence from one source indicates alcohol permanently destroys brain cells. Evidence from other experiments is not yet available to verify or contradict these findings. If alcohol does kill brain cells, the question then becomes how many extra cells an individual has that can take over the function of those destroyed during a human lifetime.

   c. *Stomach.* Large amounts of alcohol, particularly in a concentrated form, seem to irritate the stomach lining, especially in people with ulcers.

   d. *Delirium Tremens.* Alcoholics who stop drinking may have the "DTs" in which shaking may be accompanied by hallucinations, confusion, convulsions, delirium, and, occasionally, death. The condition is the body's response to suddenly being deprived of alcohol when it has adapted to regular, heavy amounts.

   e. *Death.* Very large amounts and concentrations of alcohol (e.g., a quart if drunk rather rapidly, say in 5-30 minutes) may occasionally cause death by anesthetizing the brain center which controls breathing. One thousand people die each year in the United States from alcohol overdoses.

7. *Physical Tolerance:* Moderate or excessive drinking over a period of several years usually diminishes many effects of alcohol on the body, so that more alcohol is required to produce the same effects. (See discussion of *psychological* tolerance in point 4 above.)

8. *Body Temperature:* People who drink usually feel warmer because alcohol expands the capillaries near the skin's surface and therefore increases the blood supply to the skin. However, although a drinker may feel warmer, body temperature has actually gone down.

9. *Medicinal Uses:* Alcohol will not help snake bites and shock; it may in fact add to the danger because bites and shock cause a dangerous lowering of blood pressure and body temperature and alcohol worsens those conditions. However, alcohol may relieve some of the discomfort of colds, as would any anesthetic, and may relax congested air passages and permit easier breathing. It can be useful as a pain reliever and relaxant. Moderate amounts of alcohol facilitate sleep, but heavy drinking produces a drugged sleep, perhaps better than being awake, but not as healthful as normal sleep.
10. *Energizer:* While alcohol helps some people sleep, it seems to act as a stimulant for others, relieving their fatigue. In fact, alcohol is a depressant which makes some people *feel* more energetic by dulling the part of the brain that tells us when we are tired and by helping us to forget our worries.
11. *Food/Weight:* Alcohol is a food – that is, it supplies calories. As a result, surgeons sometimes inject it intravenously into patients who cannot be fed solid food before or after operations. For people who eat solid food, however, alcohol is indirectly fattening because the calories it supplies are used immediately by the body so that any food that is eaten is stored as fat since the body is busy using the calories supplied by the alcohol *first.*
12. *Hangovers:* Hangovers do not seem to be related to the number of drinks someone has consumed the night before. Some drinkers never get hangovers, while others get them on occasion. Hangovers may be due to the presence of congeners (substances in alcoholic beverages) which remain in the body after the alcohol has been oxidized* or due to the minute expansion of the blood vessels in the brain causing a headache. Another possible explanation is that all the worries, fatigue, anger, etc. that the alcohol enabled the drinker to forget the night before come back the next morning worse than ever. Moreover, the person the morning after may be consciously or unconsciously upset at what he may have said or done while he was drinking the night before, and this upset may contribute to the hangover. There are no cures for hangovers. Only time (perhaps with help from aspirin) can "cure" a hangover.
13. *Combined with Other Drugs:* Alcohol when combined with certain other drugs, particularly tranquilizers, barbiturates, and heroin, has an even more depressing effect on the brain. The two drugs combined do not produce the effect of simply doubling the dose, or 1 plus 1 equalling 2; rather, each drug makes the other more potent so that the effect is as though 1 plus 1 equalled 3 or 4. For example, many people who supposedly die from an overdose of heroin or barbiturates have also been drinking heavily at the time.

4. Drinking and Driving

Although up to half of all motorists drink alcohol and then drive at some time, most of these drivers do not significantly increase the risk of accidents, either because they drink in moderation or they allow sufficient time to elapse before driving. However, despite the drinking and driving behavior of most citizens, a strikingly large percentage of traffic accidents and fatalities involves excessive alcohol use on the part of drivers and pedestrians. The U.S. Department of Transportation (DOT) has concluded on the basis of a number of studies that up to 50% of all fatal automobile crashes involve a drunk driver. This means that drinking may be involved in 22,500 of the 45,000 annual fatal highway accidents in the United States. Furthermore, DOT estimates that alcohol abuse is involved in 800,000 of the 14 million annual non-fatal accidents occurring in the United States. In short, DOT considers that alcohol may be the most important single factor leading to fatal crashes and one of the major factors causing non-fatal crashes.

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* Both sets of films mistakenly indicate that hangovers result from too much alcohol in the bloodstream.

What is the increased likelihood of a driver who drinks getting into an accident? DOT estimates that a person who weighs 150 pounds and who has had four average drinks (each containing ½ ounce of actual alcohol) an hour before driving is six times more likely to get into an accident than a driver who has not been drinking. A person who has had nine or more drinks one or two hours before driving is twenty-five times more likely to crash.

When Will Drinking Impair Driving Ability? While drinking and driving can mix when the drinking is moderate or when enough time elapses between the time a person drinks and the time he drives, just how many drinks impair a person's ability to drive safely? Alcohol-traffic safety experts have conducted enough tests to answer this question. They have determined this number of drinks by scientifically testing motorists' driving performance while totally sober and then after drinking varying amounts of alcohol. However, in order to make these tests accurate, the experimenters measured not just how many drinks the drivers consumed, but *how much alcohol was in their bloodstream.* This was essential because alcohol affects people only when it enters their bloodstream and only when it has reached a certain level in their bloodstream. This amount of alcohol in the blood is called *blood alcohol content or BAC.*

Only four factors can affect the amount of alcohol in a person's blood — his BAC:

1. The *amount* of actual alcohol he drinks, not the number of drinks.
2. Whether the person has *eaten* before drinking or eats while drinking.
3. How much a person *weighs.*
4. How much *time goes by* after drinking or between drinks.

Nothing else affects a person's BAC. Mixing drinks will not cause increased intoxication nor will cold showers, drinking hot coffee,* and a host of other so-called "cures" for drunkenness reduce intoxication simply because they don't change the amount of alcohol *in a person's blood* and, thereby, alter alcohol's effects on behavior.

To return, then, to the original question of how many drinks will impair a motorist's ability to drive a car safely: For an adult male who weighs 160 pounds, has not eaten before drinking, and does not wait very long before driving after drinking, as few as two average drinks will produce a BAC of .05% and be *likely* to impair his driving performance. Impairment can occur, however, at BACs as low as .02% and .04% (1-2 drinks) for some people.

The chart** below indicates what BAC levels people who weigh different amounts can expect to reach after one to ten average drinks.

NUMBER OF DRINKS IN ONE HOUR
APPROXIMATE BLOOD ALCOHOL CONTENT (BAC)

DRINKS	BODY WEIGHT IN POUNDS								
	100	120	140	160	180	200	220	240	
1	.04	.03	.03	.02	.02	.02	.02	.02	Reasonable
2	.08	.06	.05	.05	.04	.04	.03	.03	
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	
5	.19	.16	.13	.12	.11	.09	.09	.08	Unsafe
6	.23	.19	.16	.14	.13	.11	.10	.09	
7	.26	.22	.19	.16	.15	.13	.12	.11	
8	.30	.25	.21	.19	.17	.15	.14	.13	Illegal
9	.34	.28	.24	.21	.19	.17	.15	.14	
10	.38	.31	.27	.23	.21	.19	.17	.16	

One drink = 1 oz. of 100 proof liquor or one 12 oz. beer.

Subtract .01% for each hour of drinking

* However, the *time* it takes to shower or drink coffee will give the body a chance to get rid of more alcohol from the bloodstream.

**Developed by the Alcohol Countermeasures Program, Columbus, Ohio.

There is one other element involved in predicting how drinking will affect driving performance. Drivers who have consumed not more than 4 or 5 drinks and have a moderate BAC (.03-0.7%), *and* who are experienced drinkers and experienced drivers can partly *compensate* for their impairment because they may be familiar with what alcohol does to them and can make a conscious effort to compensate for its effects by concentrating harder, driving more slowly, and avoiding busy streets. However, this ability to compensate for impairment decreases rapidly with a higher BAC, is of little value to the novice driver or inexperienced drinker, and *is of no value to any motorist who is confronted by something unexpected while driving.*

5. Problem Drinking and Alcoholism

There are two kinds of people who drink too much: *problem drinkers* and *alcoholics.* Both kinds have *problems* because they drink too much. But in other respects they differ.

Problem Drinkers. First of all, problem drinkers may not drink very often. For example, the person who gets high while bowling or playing cards only on Friday evenings *and then drives home* has a drinking problem even if he or she doesn't touch alcohol for the rest of the week. Such a person is risking a serious traffic accident 52 times a year. A person with an ulcer may set a limit of one martini a day before dinner. However, since alcohol in concentrated doses irritates the stomach, this person, too, has a drinking problem.

Most problem drinkers not only drink less often than alcoholics, they can also *control* their drinking if they want to. If ordered by a doctor to stop or reduce their drinking, they could probably do so. Problem drinkers can also drink socially – that is, *not* get high or drunk *if they feel the situation calls for staying sober.* *

Alcoholics. There are, however, people who *cannot normally control* their drinking. Such people are called alcoholics. Usually, alcoholics spend at least part of every day not just drinking, but getting high or drunk. Furthermore, they can't drink socially; if they take one drink, they keep right on drinking until they're drunk.

At present there is no definition of alcoholism that satisfies all. However, the following one is widely accepted:

> Alcoholism is a chronic disease, or disorder of behavior, characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary dietary use or ordinary compliance with the social drinking customs of the community, and which interferes with the drinker's health, interpersonal relations, or economic functioning.

However, alcoholics can often go through the major part of an entire day – every day – without drinking. But as soon as they get off work, or as soon as the weekend arrives, they drink until they get drunk. Unlike the problem drinker, they *must* get drunk those evenings or weekends.

Some alcoholics can also stop drinking for a week or even several months. But sooner or later they go back to drinking. (Sometimes they stop drinking for a while just to "prove" to their families or to themselves that they aren't alcoholics. Then, thinking they've proved their point, they start getting drunk again.)

Because some alcoholics *appear* to be able to control their drinking, it is often difficult in practice to distinguish between problem drinkers and alcoholics. Moreover, a problem drinker may simply be an alcoholic in an early stage of his or her disease.

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* This is an important point, because many abusive drinkers contend that since they can *control* their drinking, they can't be alcoholics – *and therefore don't have a drinking problem.* In order to make clear to these kinds of abusive drinkers that they *do* have a drinking problem, it is important to maintain a distinction between problem drinking and alcoholism.

Alcoholism, A Disease. At one time, people felt that alcoholics were "sinners" – immoral people who acted against God's will on purpose. Later, alcoholics were treated as criminals and jailed or fined. Today, most health workers consider alcoholism to be an illness – a disease like tuberculosis or diabetes. In this sense, alcoholism is not the drinkers' fault – they're not to blame for drinking so much; it's beyond their control. Alcoholics cannot be blamed for drinking too much any more than tuberculosis victims can be criticized for coughing too much. Alcoholism is also felt to be an illness in the sense that its "cure" lies not in punishment or ignoring the problem, but rather in treatment. (However, many people continue to use the term "reformed" alcoholic when they mean "recovering" alcoholic. The connotation of criminality in the word "reformed" is inappropriate in light of the disease concept of alcoholism.)

Most people think that the final stage for alcoholics is when they end up on skid row. However, only 5 percent of all alcoholics end up on skid row.

Most alcoholics are employed or employable, family-centered people. More than 70 percent of them live in respectable neighborhoods, have husbands or wives, send their children to school, belong to clubs, attend church, pay taxes, and continue to perform more or less effectively as businesspersons, executives, homemakers, farmers, salespersons, industrial workers, clerical workers, teachers, clergy, or physicians. To outsiders, in fact, alcoholics often seem to lead normal lives – partly because their families may try to cover up for them. But those who are close to them usually know better.

There are between 5 and 10 million alcoholics in America today and several million more problem drinkers.

Some people think that the poor have all of the drinking problems, but in fact people from every social class and ethnic group have drinking problems. And while more men have drinking problems than women, there may be as many as two million women alcoholics in America. Women alcoholics tend to hide their drinking more than men because "it doesn't look nice" for women to be seen drunk. Many alcoholic housewives drink only at home, and their families tend to "cover up" for them.

Causes of Problem Drinking and Alcoholism. There are three theories about why people keep on drinking even though alcohol is causing serious problems for them:

- Psychological theories hold that something in the personality of problem drinkers and alcoholics – their thoughts and feelings – causes them to drink. These feelings may have developed at an early age as a result of the way their parents raised them or they may have resulted from a series of shocking events which happened when they were very young, such as several deaths in the family.

- Social theories stress that how people drink is determined by their society or culture. For example, the relatively large number of Irish persons who develop drinking problems has been explained as resulting in part from poverty and oppression in Ireland. Italians, Jews, and Orientals are thought to develop few drinking problems because their cultures frown on drunkenness and encourage moderate social drinking at an early age.

Some people become problem drinkers because their circle of friends or their culture doesn't stress or admit to the dangers of drinking too much. Many people, for example, think they can drive safely or swim easily after three or four drinks.

- Biological theories for alcoholism stress two different points. One suggests that alcoholism may be inherited since half of all alcoholics have an alcoholic father or mother. Careful studies show that this may be true, but as yet no one knows for sure. What's also interesting is that three-quarters of the children of alcoholics do *not* develop drinking problems. Therefore, while we may some day discover that alcoholism is inherited, its transmission from alcoholic parents to their children is by no means inevitable.

Other people feel that alcoholics may have or lack some chemical in their bodies which makes them crave alcohol or be affected by alcohol more than other people.

Unfortunately, no one knows for sure why many people, including more and more teenagers, develop drinking problems. Research into this matter is currently being conducted. Perhaps a combination of factors, rather than any single cause, explains why people develop drinking problems.

Treatment. Alcoholism is a treatable conditon from which as many as two-thirds of its victims can recover. There are many different types of drinking problems and numerous kinds of treatment techniques available. The challenge is to identify the needs of the individual and to match them with the most appropriate therapy.

There are three important types of treatment which seem to help many problem drinkers and alcoholics.

1. *Alcoholics Anonymous* seems to be the most successful source of help for alcoholics. AA has 13,000 local groups composed of recovering alcoholics who get together one or more times a week to help each other get sober and stay sober. It has over a half million members world-wide. At AA meetings, members discuss why they used to drink so much, what their drinking did to them, how they've managed to stop drinking, and what life has been like since they stopped.

   AA believes that people never recover from alcoholism – just as people never recover from diabetes. AA believes that "once an alcoholic, always an alcoholic," in the sense that alcoholics must never drink at all again if they hope to stay sober.*

   Two organizations have used the AA model for helping the relatives of alcoholics. The teenage children of alcoholic parents can join Alateen. Al-Anon is available to husbands and wives and other relatives of alcoholics, whether or not the alcoholic family member is in AA. In both Alateen and Al-Anon, members talk less about helping the alcoholic than about how they can help *themselves* to avoid being "dragged down" by the alcoholic in their family. The value of membership in both Al-Anon and Alateen lies in learning that one is not alone in this predicament and in taking advantage of others' trial-and-error attempts at better adjustment.

2. A second major type of help for both alcoholics and problem drinkers is *"talking" cures.* With this form of treatment, abusive drinkers talk with psychiatrists, psychologists, social workers, clergymen, or group discussion leaders about their problems. While talking things over with a friend or relative can be very helpful, often someone trained to help people with their problems can be more effective.

3. *Drugs* are sometimes used to help alcoholics to stop drinking. The best known such drug is Antabuse (disulfiram). Drinkers who take Antabuse every day get violently ill if they then have a drink with any alcohol in it. (Even being around alcohol fumes or eating food containing uncooked alcohol can make them sick.) If problem drinkers have the motivation to take their Antabuse every morning, they have "solved" their drinking problems for at least that day. Usually Antabuse is used with counseling.

In addition to getting help from other people to stop their abusive drinking, many alcoholics and problem drinkers cut down on their drinking on their own. For unknown reasons, they often just drink less as they get older. (The same thing happens with heroin addicts, too.) Perhaps they come to terms with life's problems; maybe they have more responsibilities which heavy drinking interferes with; possibly alcohol has stronger effects on them as they age.

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* Some researchers believe that a minority of alcoholics can learn to drink socially and that claiming they cannot discourages some alcoholics from seeking help. Others feel that alcoholics cannot learn to drink in moderation or that the danger involved in finding out is not worth the risk. Many recovering alcoholics might delude themselves into thinking they can drink socially and end up abusing alcohol again.

Some alcoholics and problem drinkers also stop drinking when they have to face something which they feel is even *more* painful than giving up alcohol. Sometimes a husband (or wife) will stop drinking when his wife (or the husband) is ready to get a divorce or when a boss threatens to fire him or her. Making the problem drinker "shape up or ship out" has been called "tough love." It involves telling the problem drinker that you care for him or her but won't put up with the drinking because you come first.

Most communities have places where problem drinkers and alcoholics can find help. These places are usually listed in the telephone book under the Department of Mental Health or Public Health or can be identified by a local Council on Alcoholism or member of the clergy.

IV. RESOURCES

The following materials are available from publishers or libraries. The alcohol topics they treat are listed after each entry. Additional participant and instructor literature can be identified by examining the bibliographies in the materials recommended below and by writing for catalogs to the agencies and organizations listed at the end of this chapter.

Materials for Group Leaders

Raymond G. McCarthy (ed.), Alcohol Education for Classroom and Community. McGraw-Hill Book Company (New York: 1964), hardbound. 308 pages. $7.50. EDUCATIONAL PHILOSOPHY; TEEN-AGE DRINKING; EFFECTS; DRINKING PATTERNS; ALCOHOL AND CRIME; ALCOHOL AND DRIVING; ALCOHOLISM; ALCOHOL INDUSTRY; ADVERTISING.

The U.S. Department of Health, Education, and Welfare, *Alcohol and Health*, U.S. Government Printing Office (Washington, D.C.: 1971), paperbound. 121 pages. $1.50. Stock Number 1724-0193. ALCOHOLIC BEVERAGES; DRINKING PATTERNS; EFFECTS; ALCOHOL AND CRIME; PROBLEM DRINKING AND ALCOHOLISM.

The U.S. Department of Health, Education, and Welfare, *Alcohol and Health: New Knowledge*. U.S. Government Printing Office (Washington, D.C.: 1974), paperbound. 219 pages. $2.25. stock Number 1724-00399. DRINKING PATTERNS; EFFECTS; DRINKING AND DRIVING; PROBLEM DRINKING AND ALCOHOLISM.

Margaret Bacon and Mary Brush Jones, *Teen-Age Drinking*. Crowell (New York: 1968), hardbound. 228 pages. $5.95. TEEN-AGE DRINKING; REASONS FOR DRINKING; DRINKING PATTERNS; EFFECTS; DRINKING AND DRIVING; PROBLEM DRINKING.

Harrison M. Trice and Paul M. Roman, *Spirits and Demons at Work: Alcohol and Other Drugs on the Job*. New York State School of Industrial and Labor Relations, Cornell University (Ithaca, New York: 1972), paperbound. 268 pages. $5.50. DRINKING PATTERNS; REASONS FOR DRINKING; SOCIAL EFFECTS.

Comptroller General of the United States, *Alcohol Abuse Is More Prevalent In the Military Than Drug Abuse*. U.S. Department of Defense (Washington, D.C.: 1976), mimeographed. 89 pages. Single copies free. DRINKING PATTERNS; SOCIAL EFFECTS; PROBLEM DRINKING AND ALCOHOLISM.

Charlotte Ryan, Freyda Siegel, and Carol Williams, *How to Talk With Your Children About Drinking: A Parenting Guide to Alcohol Education. A Leader's Handbook*. Massachusetts Parent-Teacher - Student Association (Lexington, Mass.: 1977), paperbound. Single copies free. TEEN-AGE DRINKING.

Alcohol and the American Churches. North Conway Institute (Boston: n.d.), booklet. 29 pages. Single copies free. PROBLEM DRINKING AND ALCOHOLISM; DRINKING PATTERNS.

Paul C. Conley and Andrew A. Sorensen, *The Staggering Steeple*. United Church Press (Philadelphia, Pa.: 1971), hardbound. $5.95. PROBLEM DRINKING AND ALCOHOLISM.

Rev. John E. Keller, *Ministering to Alcoholics*. Augsburg Publishing House (Minneapolis, 1966), paperbound. $3.25. PROBLEM DRINKING AND ALCOHOLISM.

Materials for Participants

Gail G. Milgram, *What Is Alcohol? And Why Do People Drink?* Rutgers Center for Alcohol Studies (New Brunswick, New Jersey: 1975), pamphlet. 25 pages. $ .75. ALCOHOLIC BEVERAGES; REASONS PEOPLE DRINK; EFFECTS.

Peter Finn and Jane Lawson, *Alcohol: Pleasures and Problems*. National Council on Alcoholism (New York: 1977), pamphlet. 24 pages. $ .45. REASONS FOR DRINKING; EFFECTS; DRINKING AND DRIVING; PROBLEM DRINKING AND ALCOHOLISM.

Morris Chafetz, *Liquor: The Servant of Man*. Little, Brown (Boston: 1965), hardbound. 236 pages. Out of print. EFFECTS; ALCOHOLISM; DRINKING PATTERNS.

Charles R. Carroll, *Alcohol: Use, Nonuse and Abuse*. William C. Brown (Dubuque, Iowa: 1970), paperbound. 84 pages. $ .95. DRINKING PATTERNS; PROBLEM DRINKING AND ALCOHOLISM; EFFECTS; MANUFACTURE.

National Institute on Alcohol Abuse and Alcoholism, *Facts About Alcohol and Alcoholism.* U.S. Government Printing Office (Washington, D.C.: 1974), pamphlet. 44 pages. $ .70. REASONS FOR DRINKING; EFFECTS; PROBLEM DRINKING AND ALCOHOLISM.

National Institute on Alcohol Abuse and Alcoholism, *Drinking Etiquette.* The National Clearinghouse for Alcohol Information (Rockville, Maryland: 1976), pamphlet. 13 pages. Single copies free. DRINKING PATTERNS; EFFECTS; REASONS FOR DRINKING.

Frederick D. Harper, *Alcohol and Blacks: An Overview.* Douglass Publishers (Alexandria, Virginia: 1976), pamphlet. 20 pages. $1.25. DRINKING PATTERNS; REASONS FOR DRINKING; PROBLEM DRINKING AND ALCOHOLISM.

National Safety Council, *The Driver's Guide to Drinking.* The National Safety Council (Chicago: 1970), pamphlet. 10 pages. Single copies free.

National Institute on Alcohol Abuse and Alcoholism, *Someone Close Drinks Too Much.* The National Clearinghouse for Alcohol Information (Rockville, Maryland: 1974), pamphlet. 15 pages. Single copies free. PROBLEM DRINKING AND ALCOHOLISM.

R. G. Smart, *The New Drinkers: Teenage Use and Abuse of Alcohol.* The Addiction Research Foundation (Toronto: 1976), paperbound. 143 pages. $3.95. TEENAGE DRINKING.

J. J. Block, *Alcohol and the Adolescent.* National Council on Alcoholism (New York, New York: n.d.), pamphlet. 12 pages. $ .20. REASONS FOR DRINKING; PROBLEM DRINKING.

The National Parent Teacher Association, *How to Talk to Your Teenager about Drinking and Driving.* The National Clearinghouse for Alcohol Information (Rockville, Maryland: n.d.), pamphlet. 16 pages. Single copies free.

Peter Finn and Jane Lawson, *Kids and Alcohol: Facts and Ideas about Drinking and Not Drinking.* National Council on Alcoholism (New York: 1977), pamphlet. 20 pages. $. 45. REASONS FOR DRINKING; EFFECTS; PROBLEM DRINKING AND ALCOHOLISM.

The U.S. Jaycees, *All in the Family – Understanding How We Teach and Influence Children About Alcohol.* U.S. Jaycees (Tulsa, Oklahoma: 1975), pamphlet. 46 pages. $1.00.

You may also want to write to one or more of the following organizations and agencies for catalogs of additional literature on alcohol. These groups can also provide information for help with drinking problems.

- Alcoholics Anonymous (AA)
  World Services, Inc.
  P.O. Box 459
  Grand Central Station
  New York, New York 10017
- Al-Anon Family Group Headquarters, Inc.
  P.O. Box 182
  Madison Square Garden
  New York, New York 10010
- National Congress of Parents and Teachers
  Alcohol Education Project
  700 North Rush Street
  Chicago, Illinois 60611
- North Conway Institute
  8 Newbury Street
  Boston, Massachusetts 02116
- Alcoholics Victorious
  123 South Garden Street
  Chicago, Illinois 60607
- Local Services
  - State Divisions of Alcoholism
  - State Departments of Education
  - State Departments of Mental Health
  - State Safety Councils
  - Local AA, Al-Anon, and Alateen groups, listed in most telephone directories
  - Local chapter of National Council on Alcoholism
- Publications Division
  Rutgers Center of Alcohol Studies
  Rutgers University
  New Brunswick, New Jersey 08903
- The National Council on Alcoholism
  733 Third Avenue
  New York, New York 10017
- The National Clearinghouse for Alcohol Information (NCALI)
  Box 2345
  Rockville, Maryland 20852
- Alcohol and Drug Problems Association of North America (ADPA)
  1105 15th Street, N.W.
  Washington, D.C. 20005
- Addiction Research Foundation (ARF)
  33 Russell Street
  Toronto 179, Ontario, Canada
- U.S. Jaycees
  Products Division
  Box 7
  Tulsa, Oklahoma 74102
- AFL-CIO Community Service Depattment
  815 16th Street, N.W.
  Washington, D.C. 20006

JACKSON JUNIOR HIGH and DIAL A·L·C·O·H·O·L

Ordering Information

To ensure the widest distribution of the television and film alcohol education program, the U.S. Office of Education obtained all clearances on the films and curriculum materials and encourages their reproduction for unlimited future use. Instructional television coordinators or public television stations should contact the Alcohol TV Project Officer, Room 3116, ROB-3, U.S. Office of Education, Washington, D.C. 20202, (202) 245-9228, for information on how to obtain the programs. School personnel may write for free loan brochure to NCALI, Department OE, Box 2345, Rockville, Maryland 20852.

- The Adult Group Leader Guide is available free from the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, Maryland 20852 (see request card at right).
- The films may be purchased or rented from the National Audiovisual Center, General Services Administration, Washington, D.C. 20409 (see order cards).

ADULT GROUP LEADER GUIDE

Request Card

Name _____

Title _____

Organization _____

Address _____

City_____ State_____ Zip Code _____

Send orders to NCALI, P.O. Box 2345, Rockville, MD 20852

☐ Check here if you would like to receive additional materials on alcohol and alcohol abuse.

JACKSON JUNIOR HIGH

Films-Rental

All the films in the JACKSON JUNIOR HIGH series are available for rent in 16mm format from the National Audiovisual Center. (Preview film not available for rent.)

Route 1			
☐ 16mm		008703	$ 12.50
The Party's Over			
☐ 16mm		008709	12.50
Barbara Murray			
☐ 16mm		008705	12.50
Like Father, Like Son?			
☐ 16mm		008707	12.50
Entire Series			
☐ 16mm		008713	50.00

Total $_____

DIAL A·L·C·O·H·O·L

Films-Rental

All the films in the DIAL A-L-C-O-H-O-L series are available for rent in 16mm format from the National Audiovisual Center. (Preview film not available for rent.)

Hotline			
☐ 16mm		008717	$ 12.50
In the Beginning			
☐ 16mm		008719	12.50
Al's Garage			
☐ 16mm		008721	12.50
The Legend of Paulie Green			
☐ 16mm		008723	12.50
Entire Series			
☐ 16mm		008725	50.00

Total $ _____

Make checks payable to: National Archives Trust Fund (NAC)
Send orders to: National Audiovisual Center (NAC), General Services Administration, Washington, D.C. 20409

Name _____

Address _____

City_____ State_____ Zip _____

Telephone No. _____ _____

Signature for Rental Authorization

JACKSON JUNIOR HIGH
Films-Purchase

All the films in the JACKSON JUNIOR HIGH series are available for purchase in 16mm and ¾" videocassette formats from the National Audiovisual Center.

Preview Film	Title No.	Price
16mm	008711	$ 75.50
¾" video	008712	65.75
Route 1		
16mm	008703	87.00
¾" video	008704	65.75
The Party's Over		
16mm	008709	87.00
¾" video	008710	65.75
Barbara Murray		
16mm	008705	87.00
¾" video	008706	65.75
Like Father, Like Son?		
16mm	008707	87.00
¾" video	008708	65.75
Entire Series		
16mm	008713	423.50
¾" video	008714	328.75

JACKSON JUNIOR HIGH
Film Purchase Card

Title _____ _____ Title No. _____
No. prints _____ Total $ _____

Title _____ Title No. _____
No. prints _____ Total $ _____

Title _____ Title No. _____
No. prints _____ Total $ _____

Title _____ Title No. _____
No. prints _____ Total $ _____

Total Enclosed $ _____

Name _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ _____
Signature for Purchase Authorization

Make checks payable to: National Archives Trust Fund (NAC)

Send orders to: National Audiovisual Center (NAC), General Services Administration, Order Section, Washington, D.C. 20409

☐ Check here if you would like to receive additional materials on alcohol and alcohol abuse.

DIAL A·L·C·O·H·O·L
Films-Purchase

All the films in the DIAL A-L-C-O-H-O-L series are available for purchase in 16mm and ¾" videocassette formats from the National Audiovisual Center.

Preview Film	Title No.	Price
16mm	008715	$121.75
¾" video	008716	81.00
Hotline		
16mm	008717	168.25
¾" video	008718	81.00
In the Beginning		
16mm	008719	168.25
¾" video	008720	81.00
Al's Garage		
16mm	008721	168.25
¾" video	008722	81.00
The Legend of Paulie Green		
16mm	008723	168.25
¾" video	008724	81.00
Entire Series		
16mm	008725	794.75
¾" video	008726	405.00

DIAL A·L·C·O·H·O·L
Film Purchase Card

Title _____ Title No. _____
No. prints _____ Total $ _____

Title _____ Title No. _____
No. prints _____ Total $ _____

Title _____ Title No. _____
No. prints _____ Total $ _____

Title _____ Title No. _____
No. prints _____ Total $ _____

Total Enclosed $ _____

Name _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ _____
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